

The Times and Register.

Vol. XXIV, No. 8.

NEW YORK AND PHILADELPHIA, FEBRUARY 20, 1892.

Whole No. 702.

ADDRESS.	PAGE		PAGE		PAGE
ADDRESS TO THE MEMBERS OF THE MEDICAL SOCIETY OF THE COUNTY OF BERKS. By W. Murray Weidman, M.D.	177	Influenza in Kansas. <i>Vanvliet</i>	187	Favorite Beverage in New York. <i>Hospital Gazette</i>	189
ORIGINAL ARTICLES.		Influenza with Jaundice. <i>Lewis</i>	187	Treatment of Acute Pleurisy in the Paris Hospitals. <i>Med. Press</i>	190
SOME CONTRA-INDICATIONS FOR THE USE OF OPIATES. By Marie B. Werner, M.D. 181		Garfield Tea. <i>Chenery</i>	187	Catarrh. <i>Early</i>	190
NEAR KINSHIP OF CATARRH AND CONSUMPTION, CLIMATE, ETC. By Nevin B. Shade, M.D., Ph.D.	183	BOOK NOTICES.		The Therapeutics of Strontium Bromide.	191
EDITORIAL.		Essential of Medical Electricity. <i>Stewart and Lawrence</i>	188	Consumption and Life Insurance. <i>Mays</i>	191
BRAMWELL'S CLINICAL MEDICINE	185	Treatise on Gynecology, Medical and Surgical. <i>Pozzi</i>	188	Malarial Fever. <i>Wile</i>	192
LETTERS TO THE EDITOR.		The Chinese: Their Present and Future; Medical, Political and Social. <i>Coltman</i>	188	Sudden Death Following a Slight Blow Upon the Larynx. <i>Occidental Med. Times</i> 192	
Supernumerary Digits. <i>Sangree</i>	185	A Dictionary of Treatment, or Therapeutic Index. <i>Whittle</i>	188	Experiments with Floured Bananas. <i>Thompson</i>	192
An Opening. <i>Ingals</i>	186	Van Riper's Record Book	188	The Neurotic Element in Disease. <i>Goodhart</i>	193
Can Fright Cause <i>Erichsen's Disease</i> . <i>Clevenger</i>	186	First Lines in Midwifery. <i>Herman</i>	188	Hypnotism and Humbug. <i>Hart</i>	194
Berks County Medical Society	186	THE MEDICAL DIGEST.		Pharmacal Notes. <i>American Journal of Pharmacy</i>	195
Curious Case of Probable <i>Scarlatina</i>	186	Salicylic Acid in Cystitis. <i>Bryson</i>	184	Occluded Os at Full Term. <i>Nash</i>	195
Case for Diagnosis. <i>T. C.</i>	187	A Hernia of Long Standing Cured by a Gunshot Wound. <i>Occidental Med. Times</i> 184		Suicide. <i>Richardson</i>	196
		Antiseptics in Typhoid Fever. <i>Boyd</i>	184	Clinical Society of London. <i>Lancet</i>	196
		Radical Cure of Prostatic Obstruction. <i>Norton</i>	189	MEDICAL NEWS AND MISCELLANY, 199	
				SPECIAL ARTICLE.	
				ANTI-KAMNIA. By E. S. Pace, M.D.	201
				NOTES AND ITEMS	iv, vii

Address.

By W. MURRAY WEIDMAN, M.D.¹

Retiring President and one of the Surgeons to the Reading Hospital.

GENTLEMEN, MEMBERS OF THE MEDICAL SOCIETY OF THE COUNTY OF BERKS: Custom, if not law, has laid down the rule that your presiding officer, before relinquishing the chair, shall deliver an address. I trust you will not be disappointed. In these busy days I have endeavored to put down on paper a few rambling thoughts and experiences of myself and others, not as fully as I had hoped, on the subject the Secretary has announced, confining them to abnormal conditions of the mammæ. If I succeed in presenting but one new thought I will have accomplished more than the purport of the law.

In September last, one of my patients called my attention to a small papilla just below the nipple of the left breast, from which milk would ooze whenever she nursed her babe, only a few days old. As she had not noticed this in any of her former confinements, I explained the phenomena as best I could. In my subsequent investigation of this abnormal condition, I was surprised to find that these abnormalities of the human breast and nipple show themselves not only in the way of excess and deficiency, but that those of excess are more numerous, and, strange as it may appear, occur more frequently in the male than in the female. Bryant says, "of 4,000 persons examined, 61 had supernumerary nipples, and of these, 47 were in the male and but 14 in

the female. In another batch examined, he states that 7 out of every 100 had the same deformity; that twice as many existed in the male as in the female. Most of the extra appendages were situated in front of the trunk, below the mamma, nearer the median line along the course of the internal mammary or deep epigastric vessels. More existed on the left side of the body than the right. Darwin thought that these additional mammæ would never have been developed in both sexes if the early progenitors had not been provided with more than a single pair."

When the nipple simply exists, it is only a small papilla or elevation, surrounded by an areola or line of pigmentation unassociated with follicles and hairs. But few nipples have been described in any other position than that indicated. He further reports one mother who was able to give suck to her child from nipples situated but one-fourth of an inch apart, and on authority of Percy, states that Anne Boleyn had six fingers, six toes and three breasts. The existence of four and five supernumerary breasts, full of milk, has been minutely described. These abnormalities are few, and are frequently associated with other abnormalities, viz.: absence of the vagina or an enlarged clitoris. Supernumerary mammæ are found in unusual localities, on the back, over the acromion process, outer part of the left thigh below the great trochanter, in the groin and in the axilla. The same author reports a case of hypertrophy of the breast which had increased gradually in size and weight for one and one-half years, and when so cumbersome that removal was demanded, measured one foot in diameter, and weighed thirteen pounds.

During my professional career, it has been my privilege to see two cases of lardaceous cancer, both

¹Read at the January meeting of the Berks County Medical Society.

married, mothers who had passed the climacterium, one white, surrounded by every comfort, the other black, lacking everything the other possessed, except the affliction. The disease commenced in the left breast and gradually invaded the entire chest. This is said to be the commonest form of cancer in all situations, and occurs more frequently in females than males, making its appearance in women about the forty fifth year and in men at fifty. Two reasons are assigned for this, viz., cancer appears more frequently at that age than at any other. At these ages fatty degeneration is more apt to occur, being the normal mode of death of most tissues. This form of cancer is rarely met with in thin persons; when it does occur it is of rapid development and is more actively malignant, and is rarely amenable to treatment by the surgeon's knife. Its characteristics are an increase in the size of the gland, retracted and sunken nipple, a brawny feel and look of the skin (hogskin), with an early infiltration of cancer cells, quick and certain involvement of the axillary glands, rapid progress; although the breast is enlarged it retains its circular outline, with a flattened surface; bears great resemblance to a small bowl, is sessile, and forms early adhesions to the fascia. Not only is the nipple retracted, but the areola is drawn in, whilst the skin is dotted with points of depression, not unlike the rind of a lemon, more marked in the immediate neighborhood of the nipple, but observed over the entire surface which correspond to the sweat ducts and sebaceous follicles. If, however, the cancerous deposit fills all the interstices of the skin tissues, distention is impossible. As the disease progresses the depressions become more marked and the rind of bacon appearance more distinct. From the outset, the disease is a tumor of the breast, not a tumor in the breast, commencing centrally by a raised hardness under the nipple. As the diseased mamma enlarges, the sound one decreases in size, due to the absorption of fat, existing as it does in larger proportion at this time of life than any other. In neither of the cases under my charge did ulcers form, nor was there any perceptible offensive discharge from the nipple. Within one year the entire chest was involved and life gradually squeezed out. Medicines did little or nothing toward checking the progress of the disease or alleviating the pain.

Within the past two years I had under my care and treatment two cases of atrophic cancer. Both females, unmarried, aged forty-two and forty-four respectively, in whom excision of the breast was performed at the earnest request of the patients. In the latter by myself and in the former by an eminent surgeon of a neighboring city. When the first case came under my charge the wound following the operation had almost healed, with prospects of permanent relief. In a few months the hopes of her family were dispelled by manifest evidence of recurrence, not only along the line of incision, but in the surrounding skin and subsequently in the other breast. Although willing to submit to further operation, in consequence of the rapid and extended ulceration, equal in size to your hand's palm, and the involvement of the other breast, it was deemed impracticable. The treatment consisted in dusting the open surface with Esmarch's powder (3j of arsenious acid with like quantity of morphine sulphate, 3j of calomel and 3vj of gum acaciæ) daily until a thick crust was formed, and then as necessity demanded. Under this treatment the pain and odor soon subsided, the œdema of the arm lessened, and a slough in the course of ten days

formed. Thus the hopes of the patient, of her family and myself, were strengthened that a means of relief had been found, as wherever the parts beneath the slough could be seen a healthy granulating surface could also be observed. On the sixteenth day, however, an hour after the dressing was complete, in the midst of a pleasant conversation, and expressing herself as feeling so much better, suddenly she lost all interest in the conversation, her eyes became vacant and fixed, and before aid could be rendered she was a corpse. The involvement of the axillary glands caused an œdema of the arm throughout its length. In the other case, within one year after perfect union had followed the removal of the breast, the disease appeared in the œsophagus, and death relieved the patient from her pains after most distressing symptoms consequent upon starvation. In this case, as in the former, there was involvement of the axillary glands, œdema of the arm, no odor, no ulceration, but agonizing darting pains prior to the operation. In both cases the operation gave promise of cure. Whether these cases, had they been allowed to progress unmolested would have continued to contract and have crumbled away or remained a hard, stony mass as sometimes happens, of course I am unable to say. The only further comment I have now to make regarding these cases is that, to the surprise of myself and my assistants, I was not obliged to ligate a single blood-vessel.

But I would be taxing your patience too much to describe other forms of disease occurring in this gland and with which you are all more or less familiar, therefore I hasten to the consideration of questions of greater importance.

Is cancer a local or constitutional disease? Bryant believes "That the evidence favors the origin to be more local than constitutional, that it has some local source of irritation, starting from without in the form of injury, or from within, either as some antecedent inflammatory change, which as an acute affection may have damaged, or as a chronic one may have irritated the tissue." Irritation of the skin may give rise to an epithelioma, as on the lip, tongue or penis, in the bladder. Thus we find that the cicatrices of burns, old ulcers and stumps a frequent seat of cancer. "In 360 cases of women who had borne children," according to this author, "mastitis occurred at some antecedent period in 80, but it was impossible to assert that the cancerous tumor originated at the induration." Whilst Gross says "The disease started in the lump in 8.21 per cent. of the 365 who had puerperal mastitis." Billroth believes "That cancer is a local disease, not a symptom of a general affection, as gumma is of syphilis, and adds, experience has not confirmed the belief that cancer is infectious." Collis says "There are undoubted cases in which the disease is local." Purcell says "There are strong grounds for regarding cancer as a something more than a local disease; for years, yea, for centuries, we have failed to cure cancer when treating it as a purely local disease." Snow thinks that "Cancer of all varieties is at the commencement local, that all subsequent phenomena are derived from infected particles of protoplasm." "The conviction," says Gross, "that cancer of the breast is primarily a local affection and is curable, is steadily gaining ground, that it is not a constitutional taint, dyscrasia or diathesis." Similar views are held by Virchow, Billroth, Esmarch, Fisher, Nussbaum, Volkman, Kocker, Erichsen, Hutchinson, Gull, Simon, Moxon, Payne, Green, Parker, Richardson, McGuire, Dennis and a host of others.

There can be no doubt that the development of malignant disease is due to local irritation, but there must be something in the diathesis of the individual receiving the blow, some dyscrasia in the blood which renders him liable to the formation of malignancy. All can recall such persons who have received numerous blows in different parts of the body, yea upon the identical spot, prior to the one followed by development of cancer, without any such dire result. Investigation of family history sooner or later discloses cancer to have existed in some member of the family.

Is the disease hereditary? Bryant says "That out of 600 cases he found it to exist in 73 cases, or 12 per cent. In 54 of these cancer occurred in one member, in 16 in two members, and in 3 in three members of the family. Fourteen of the 73 occurred on the father's side and 35 on the mother's, and in 11 among brothers and sisters." From these facts he infers it is by no means the rule, but where it does exist, it is more powerful on the mother's side than on the father's." Paget says "A mark once made on a particle of blood or tissue is not for years effaced from its successors. If this is so, can we wonder at inherited tendencies in form and feature, in physiological function, in pathological processes; ought we not rather expect these inherited proclivities of tissue to have a greater effect, and look for more marked evidence of heredity in disease than we find to be the rule in practice?" Collis says "Hereditary taint is a bad complication and a common one." Laurence lays little stress upon it. Purcell uses the argument of heredity to prove that cancer is more than a local disease; that its importance cannot be overestimated in the origination of cancer; that the transmission of cancer accords with the transmission of other hereditary constitutional diseases, such as gout, syphilis, tuberculosis and scrofula.

Is there really a cancerous cachexia? Do the wards of the hospitals in which cancerous patients are retained give evidence of its existence? Gross says "that 51 per cent. of his cases were in good health, 19 were pale and thin, whilst 12 per cent. were broken down from effects of disease, and further states that scarcely one in twenty suffers previous to sixteen months after detection of the growth from malnutrition." Paget says "That 66 out of 91 presented the appearance of good health, 9 were in moderate health and 16 were sickly." The opinion is gaining advocates that patients who have cancer of the breast, as a rule, present the appearance of good health, and that what is called cachexia is only seen after life is sapped by pain, discharge, hemorrhage or mental anxiety; that this appearance differs in no respect from that of any other exhausting disease, and when it does appear, only indicates, as it does in other diseases, that the strength of the patient is being undermined. Billroth says, "I cannot affirm the common statements about cancerous cachexia; these patients become marasmic, like others having severe disturbance of important organs, indigestion and hemorrhages; they emaciate rapidly, grow green and brown, and when the cancer does not bleed, decompose or interfere with function, the patient does not become cachectic." Collis asserts "That what is called cancerous cachexia will leave the face if good nourishment, sleep and release from pain impart courage to the mind, so soon as the patient sees that the surgeon's prognosis is coming true, that the disease does not advance, and is of no value as a guide in the question of operation, that you seldom if ever see cachexia while the disease is lim-

ited to external parts." Purcell says "It is eminently a disease of degeneration; that we are misled if we suppose it to be a disease of healthy persons."

The most important question for the surgeon to decide is, Is a given ailment cancer or not cancer? This is the great desideratum, it may be a factor of life or death. When does this distinction begin in a growth? What do we know and what do we not know? We do know that all malignant affections invade all the tissues, are painful, grow rapidly, involve glands, are attended with ill health and eventually destroy life; that those which grow slowly are not associated with ill health, are not malignant and unless through accidental causes, will not destroy life. "As man is not composed solely of blood, and does not consist of solids alone, the blood is constantly converted into the solid and the solid changed to the liquid," our limited knowledge does not warrant any assertion at what particular stage disease begins.

Bryant, in the hope of aiding us busy practitioners in the diagnosis of mammary tumors, gives the following conclusions: "Tumors which arise during lactation are probably milk tumors, viz., galactoceles or inflammatory swelling, or abscesses. Tumors that are found to be in, but not connected with, the breast, that can be readily made to be distinct from the gland and moved without dragging the nipple, are presumably benign. If slow in growth, hard, inelastic and lobulated, probably adeno-fibroma. If of rapid growth, smooth, somewhat elastic, slightly lobulated, adeno-sarcoma. If hard in parts, soft in others, fluctuating, colloid or cystic-sarcoma. A tumor that infiltrates a lobe or lobes of the breast, which cannot be separated from the gland, and has no distinct boundary, is in the nature of either inflammatory or cancerous. When the affected breast has been physiologically active, or the seat of injury, when the swelling is ill defined, has a leathery feel, is painful and elastic, and when more than one mammary lobe is separately involved, the probabilities of the affection having an inflammatory origin are very good. But when the infiltration has attacked an inactive or obsolete breast, and is hard, nodular, there is a reasonable prospect of the tumor being cancerous, particularly when dimpling, puckering are added to the local symptoms or the tumor is fixed to the deeper structures. Any globular, smooth, tense tumor in the breast, apparently forming part of it, should give rise to the suspicion of a cyst, especially if a clear or blood stained serum discharges from the nipple. When more than one globular swelling is present the gland is probably the seat of cystic degeneration. When the swelling is single, with no discharge from the nipple, it is either a hydatid, serous cyst or chronic abscess. If upon puncture of the tumor, the liquid withdrawn is brown mucoid, blood-stained or blood, the cyst is probably of duct origin. When the fluid is clear, albuminous, the cyst is probably serous; when watery, free from albumen, it is hydatid and the characteristic hooklets will be found. A slow growing tumor which has not been accompanied by redness, heat or pain, but suddenly becomes thus affected, may be a suppurating hydatid, a gummatous or tuberculous inflammation of the breast."

Is cancer recurrent? This is to be expected in 4 cases out of 5. Gross, in his statistics, reports of "368 patients operated upon, all but 72 had recurrences." Winniwarter and Oldekop in their analyses of "203 cases state that the disease will manifest itself in more than one-half within three months, in one-quarter within the year, and if in the remaining one-quarter the disease does not appear within three years,

these may be regarded as cured." The longer the period between the operation and reappearance, the better the prognosis. Surgeons regard the recurrence of the disease within three months as probable evidence that some portion of the growth, or a lymphatic gland, had been overlooked. Gross insists that "when the breast alone is removed, recurrence may be looked for in three or four months; when the breast and axillary glands are completely removed, in seven or eight months." Purcell says, "Remove cancer as you will, it is all but certain to recur, seldom in the other breast, but in the skin, muscle, lymphatic gland, or connective tissue." Naturally the question arises, Is this a recurrence or simply a continuance of the malady?

Ever and anon the medical journals publish that certain drugs are a sure cure for cancer, a certain, reliable, positive antidote to the horrible poison. Even the discovery and demonstration of its worthlessness does not shake the faith of the laity, yea the profession, that such properties do not exist in the lauded antidote. In 1880 Professor Clay announced that he had achieved sure cure with Chian turpentine, which had acted upon the growth with great vigor, literally melted it away in the brief period of four or five weeks, and in cases that had baffled all previous treatment. After great care and much expense others, in the hope that the statement of the eminent professor might be verified, and even with portion of the stock obtained from Clay himself, as he also announced that no other terebinth had been known to, or could, produce the effect, gave the vaunted remedy a trial, only to be followed by disappointment, for in the hands of none else did such relief and result follow; the growth did not melt away; the discharged was neither altered or diminished; hemorrhage was not checked; the pain, in a few days, was controlled as with no other sedative.

It is not many years ago since cundurango was a fashionable fad, based upon the certificates of United States officials high in rank, society and favor, who declared by its use a near relative had been cured. Its reputation was of short duration, and soon was discarded as worthless, although it cost \$4 a pound.

Arsenic and corrosive sublimate, in varied forms and compounds, for external and internal use, recommended for the removal of malignant growths by modern, as well as Greek and Roman physicians, have been used only to discover that these remedies were little more satisfactory than their predecessors. Thus we may go over the entire list of drugs, tr. of hydrastis, tr. thuya, rhus toxicodendron, all used as palliative remedies, which, after trial, are invariably discarded as worthless.

The cancer curers who promise to disperse or absorb without extraction, thus far have been unable to teach anything new, not even the necessity to discard caustics, much less to demonstrate that their mode possesses advantages over the knife, unless it be the conclusion that the temporary advantage gained did not compensate for the risks incurred.

Injections of acetic acid into the growth may not be useless, but the effects are so uncertain that valuable time is lost.

In 1867 Althaus said concerning electrolysis, "A larger experience than I command is necessary to decide the question whether treatment by electrolysis will eventually supersede the methods then in use for the removal of cancer. It may be applied to every variety of cancer, and seems to be of little consequence whether or not the tumor adheres to bone, a circum-

stance which often renders removal by the knife difficult or impossible." Now it is claimed that any tumor can be removed, the nutrition of the parts so modified, that reproduction is not likely to follow. Dr. Neftel, in 1869, succeeded by the employment of two, three and four gilt electrolytic needles and the negative pole of a Daniel's battery, and series-fine conductor in three sances of two, five and ten minutes' duration, in the removal of a tumor in the mammary region, which had returned after two removals by the skilful Sims. This is the most positive and reliable case of cure by electricity that has come under my observation. In no other work have I been able to find as much encouragement in behalf of this mode of cure. Dr. Inglis Parsons, in the "International Annual" for 1890 says, after describing the *modus operandi*, "The effects produced by the action of electricity consist in a cessation of growth, gradual disappearance of pain, shrinking and hardening of the tumor and glands, followed by improved nutrition, and a better state of health. That the growth does not disappear, but remains an inert mass. The advantages claimed for this mode of treatment are that there is no destruction of normal tissue; if recurrence does take place, the disease can be arrested immediately by applications as oft as required; that patients are not obliged to lie up, but can move around the day following the operation; that the remedy can be applied to any part of the body, and the growths that can be checked admit of treatment by no other plan." Unfortunately the discussions recently have been so personal and acrimonious, that for want of more reliable facts and cases, little more can be added than to dismiss it as others do by saying it is not without danger.

I am of the opinion, and this is strengthened year after year, from all I can gather by experience and from the writings of the day, good, bad, indifferent and reliable, practical and scientific, that for benefit and permanent relief, removal by the knife is the best treatment. Since the introduction of anæsthesia and antiseptic dressing, the risks are reduced to the minimum, life is prolonged and permanent recovery more likely to be effected than by any other procedure. Instances are annually multiplying, if statistics can be relied on, where patients have survived not only three, but dozens of years, after operation as now recommended, viz.: early and complete removal of breast and axillary glands. In the average number of cases there is no more danger from excision of the breast than that which follows the smallest operation. In the feeble or the aged formerly there existed a dread of tetanus, erysipelas, pyæmia, or recurrence. The mortality from these causes is annually decreasing. The entire gland must be removed of all suspected portions, be it fascia, muscle or gland. All enlarged glands must be removed, be they in the axilla or hidden by muscle. Unfortunately the surgeon is not consulted until the disease has progressed so far that he promises little more than prolongation of life and mitigation of suffering.

To assist in diagnosis various instruments have been used to explore the various morbid growths, whereby the character and existence of fluid can be positively determined, and enable the microscopist to detect the real condition, malignant or not from the fragments detached from the growths. For the latest of these, invented by Dr. Warren, of Boston, in constant use in the Massachusetts General Hospital, it is claimed, after use in 100 cases, irrespective of site, that much valuable information without increasing danger, was obtained. |

Still later, Dr. Stiles, of Edinburgh, has proposed a method of detecting growths (especially carcinoma), which has been tried by Dr. John Brinton, and appears "most perfect." The directions are so few that I know you will pardon me for introducing them, especially as all information can be imparted before the operator has cleaned out the axilla, certainly before he is prepared to close the wound.

Excise the mamma.

Wash thoroughly in water to remove blood.

Place in a 5 per cent. solution of nitric acid (R. P.) for ten minutes.

Wash in cold water for five minutes.

The claim of Dr. Stiles has been verified by Dr. Brinton, viz.: that carcinomatous structures, after the above treatment, have a dull white appearance like the eye of boiled fish, whilst the healthy parts are translucent. Prof. Chien directs that in removing the breast its relations to the circumferential tissues be so marked by the knife, that, after the test, the situation of any unremoved diseased areas can be readily fixed.

The fact that in England alone, 7,000 deaths occur annually from malignant disease, a large proportion of which are reported to be from diseases of the breast, surrounds the subject with such grave importance, life and health, or disease and death, that histologists and microscopists are busy with the hope that ere long it can be positively asserted how, when and where this disease originates. Anæsthesia has guaranteed boldness and safety. The antiseptic treatment of wounds has removed those dreaded sequences of the surgeon, tetanus, erysipelas, pyæmia and septicæmia. Electricity has asserted her ability to stop the growth, shrink and harden the infecting germ, cause it to be inert, ready for the knife of the operator. Pathology is busy in unraveling the mysterious complications and peculiarities of these morbid growths, whether congenital, inherited or traumatic, so that we are encouraged, yea, emboldened in the belief that ere long the much desired remedy may be brought to light, and this class of afflictions be as much under control as small pox, typhoid fever, diphtheria or scarlet fever.

Circumstances over which we as a body had no control, have delayed the disposition of the surplus left after paying all the bills created by the entertainment of the State Medical Society. Let me suggest that the treasurer or a committee be authorized to declare a dividend to each subscriber and thus wind up the account. I offer this suggestion, as in my opinion, it is the only proper disposition of the fund, inasmuch as our Society is not incorporated, and the unanimity with which the individual members responded, demonstrates that at any time there will be no difficulty in raising money whenever and for whatever required.

During the year just closed we have had little difficulty in getting papers read by some of our own membership and friends from sister Societies. The matter presented and the care taken in their preparation demonstrates that we have capable and observing members, who by a little practice will soon overcome their innate modesty, and in the near future our meetings will be made more attractive by having more general debate following each paper, and we really be what we are called, a live Society. I therefore take the privilege of recommending that the Chair be instructed to appoint two or more members to open a discussion on every paper presented. Let me also caution the Society against inviting too many brethren from a distance to read papers, lest our members be made timid, and fearful that their efforts are un-

appreciated and of less importance than those offered by persons occupying more glistening positions.

I would also call attention to the fact that often the President is embarrassed in the appointment of committees, by members declining to serve, also that officers and members ought to make an effort to attend the meetings promptly at the hour appointed. Frequently for want of a quorum, half an hour or more is lost. In social life, each individual endeavors to respond to an invitation to a banquet or the theater at the appointed hour. Ought we not to keep this hour (hour of meeting) as sacred as a consultation? Need I say more?

Before resigning the office of President of this Society to my successor, let me thank you especially for calling me to the Chair during this year, the year of entertaining the State Medical Society, an honor I have appreciated most profoundly. Let me also express my appreciation of the good will and intentions of your delegation to the State Medical Society, which, for reasons well known to you, I felt bound to decline. To each one I can only say "thank you," feeling that whatever advancement as a Society we have made, whatever position throughout the State we have sustained, it has alone been accomplished by the united support of each one. We are repeating the lives of the good men and true, who went before us. May we all save our old treasures of knowledge and mine deeply for new, cultivating "that mutual respect of which outward courtesy is the sign, work together, take counsel together and stand together for the truth" now and always.

Original Articles.

SOME CONTRA-INDICATIONS FOR THE USE OF OPIATES.¹

BY MARIE B. WERNER, M.D.

MY object in presenting this subject before the Society to-night is manifold; I wish to show that in general practice the indications are limited for the use of opiates. We must fully realize that we have a broader basis for medical science than symptomatology, in order to give our patient the full benefit of our knowledge. Our position being at all times one of trust, we must endeavor, in helping our patient, to find the cause and remove it, rather than hide the symptoms it gives rise to by an opiate. Aside from the possible mental disturbances such a course of treatment might induce, it often materially complicates surgical efforts to relieve patients, the results of which we have repeatedly heard discussed at these meetings.

In order to discuss this drug with due fairness, it will be necessary to give a few moments to the consideration of its physiological action on the human economy. Dr. H. C. Wood, in his "Treatise on Therapeutics," says: "When opium is taken in such a dose as to produce its mildest physiological effects, it exerts a quieting influence, inducing a peculiar dreamy condition; after a length of time, varying according to the idiosyncrasies of the patient and the dose of the drug, this condition passes into sleep, either light, dreamful, natural, or heavy and deepening into stupor. On awakening, the patient may return at once to his normal condition; but very often he experiences a state of depression shown by

¹Read at the Philadelphia County Medical Society, January 27, 1892.

languor, a little headache, nausea, or even vomiting, which may last for some hours. One of the most common of these departures from the ordinary course of symptoms is an excessive depression following the sleep produced by moderate doses of the medicine. This state is seen, as far as my experience goes, most usually in females of weak, nervous organization, such as are peculiarly liable to attacks of neuralgia. The symptoms are a feeling of weakness and prostration, often accompanied by chilliness, dull headache, and giddiness, but especially marked by intense nausea and frequent vomiting."

Bartholow states that, as a rule, opium does harm in all gastro-intestinal maladies in which there is a deficiency in the proper secretion, or a suspension of the functions of the liver and kidneys.

Dr. J. B. Mattison, in his valuable paper read before this Society, in October, 1890, entitled "The Renal Status of Opium Habitues," after a careful analysis, arrived at the following conclusions: First, the habitual use of opium in any form will cause organic renal disease; second, the changes most likely to be met with are cirrhotic; third, that the rationale is threefold. Vasomotor changes: impaired general nutrition and inflammatory action due to non-eliminated irritant products. I would further call attention to the valuable contributions of Dr. A. Haig, published in the *British Medical Journal*, 1890, in his studies on the influence of opium and morphine on uric acid; also, of the retention of this latter product in the human economy and its relation to the causes of disease. His observations and experiments proved to him that the administration of opium or morphine caused retention of uric acid, accompanied by a reduction of arterial tension; that, when the effect passes off, there is a rebound, with an excessive excretion of uric acid and marked high tension, often accompanied by headache and mental depression.

Let us look carefully into these statements and compare them with our practical experience; we find that, after lulling pain and induction of sleep, we come to a period of depression, even after a moderate dose of the drug. This depression is usually followed by a certain loss of resistance to bear any renewal of pain, and, in consequence, it becomes necessary to repeat the use of the drug; indeed, when we study carefully its action on a previously weak organization, we find the description given by Dr. Wood, very ably describes the case for us. He tells us: "The symptoms are a feeling of weakness, prostration, chilliness, dull headache, nausea," etc. In the face of this the questions must certainly present themselves to us: Is it wise to simply gratify the desire of the patient? Would it not be better to study the cause and remove it rather than hide the symptoms which lead us to the origin of the trouble? I refer to cases in every-day practice; cases in which a periodical monthly pain is lulled to sleep by several doses of morphine or opium, while the proper cause is left entirely out of sight. There is no doubt in my mind that cases have come to all of us where a case of chronic constipation or continuous indigestion combined with a nervous, irritable temperament, perhaps, added to that, or independent of this, an unpleasant skin eruption, etc., claimed our attention.

Quite often a question regarding any menstrual difficulties shows that there is some pain, often varying in severity, and the next question, What do you do for the pain? will elicit the answer: Oh! I take a little paregoric, or I have some pills or suppositories I use, perhaps previously given to some member

of the family for pain. Not infrequently an investigation will show that the main ingredient is some opiate.

In our day of progressive medical science it becomes necessary that we should join hands and forces—first, to see if the proper hygienic rules regarding clothing, exercise, and cleanliness are scrupulously carried out, and that the proper functions of secretions and exertions are thoroughly understood. If aside from these precautions there is still pain, a local investigation should be made by the physician, and the condition carefully studied, the cause removed if possible. To give an opiate in such cases I consider criminal, since the patient receives a double injury; not only is she not relieved permanently, but she is robbed of much of her normal resistance, and I fear many have become chronic invalids, for it is a constant struggle to overcome the after-effects of the opiate before the time arrives for another relief of the same sort. If the patient escapes becoming addicted to the opium habit, she cannot escape the local gastro-intestinal irritation which is invariably set up, and which will defy all medication so long as its cause is kept up.

I can at this moment call to mind three cases, in which three weeks out of four all sorts of laxatives are used to overcome the amount of morphine taken during the fourth week; the complexion is sallow, the breath heavy, the skin impure, and how can it be otherwise? If an examination reveals no functional trouble other than the local congestion, or possibly some displacement downward induced by improper clothing or a lack of attention to the proper excretions, is it not at once clear that an opiate in the long run increases the pain? Lulling the pain induces no cure, and the resulting constipation acts in two ways to make the patient worse: first, the pressure of a distended bowel; second, the absorption of effete products. Let such conditions continue for some years, as they often do, and we have other factors enter the field to make life miserable—sluggishly acting liver or kidneys, a worn-out stomach, and not infrequently a nervous wreck.

In order to emphasize this point, I will only have to call your attention to a series of comparative experiments on animals made by Dr. Edward Levinstein, and reported in his book on "Morbid Craving for Morphine;" his deductions from a number of experiments are as follows:

"1. That internal applications of morphine sooner paralyze the digestive powers of the stomach than the subcutaneous injection.

"2. Both ways of administering morphine bring on functional disorders of the secreting nerves.

"3. Both cause catarrh of the stomach and intestinal tract.

"4. Large doses of morphine given internally cause a subacute catarrh of the stomach, on account of the irritating chemical action of the morphine.

"5. The subcutaneous injection of morphine causes a chronic catarrh of the intestines in a mechanical manner; in consequence of the impaired influence of the secreting glands due to the action of the morphine, the secretion of the digestive fluids is stopped altogether, or at least diminished in quantity, and consequently the intestinal tract is encumbered for a longer time by the ingesta."

The same author speaks of amenorrhœa and sterility as being a sequence to the continued use of morphine, drawing largely upon the results of his own

¹ Covering a space of time from six days to five weeks.

observations, and accepts Pflueger's theory in explanation of it.

In these days, when "preventive medicine" is being advocated by all of us who desire to place medical science on the highest standard, should we not think many times more than twice before we write a prescription for an opiate to relieve pain? In the face of all these facts, it becomes a serious question of right and wrong if we stop short of exerting all our knowledge to study the *cause* of the pain we have been called in to alleviate. Often the prescription book is entirely useless, unless its blanks could be filled with directions to the patient how to dress, eat and give herself the physical care she needs.

The use of morphine after pelvic operations has been discarded by most of our operators, and clearly has been the means of reducing mortality rates as well as obviating many of the dreaded after-complications. I recall in one of my earlier operations the advice given by one of our older physicians to rely on opium and calomel, which I followed, with the result of having on my hands a sufferer from insomnia and chronic constipation after I had discontinued its use; had I not been careful to destroy all prescriptions, I feel certain I would have had more trouble. Another case comes to my mind of a patient who had a section done for some pelvic trouble by a physician who also believed in the opium after-treatment. The patient came under my care later, and confessed that she had often helped herself to a suppository after the doctor had stopped their use. My object in referring to these cases is to show the danger of setting up the morbid craving and its attendant evils with only medicinal doses, and in the space of two or three weeks; showing at once the danger a prescription containing an opiate may induce in the hands of a nervous patient who has periodical attacks of pain. Such cases do not always reach the state necessary to require hospital treatment, hence are often exceedingly vexing to the physician and surrounding friends. A direct accusation to the patient would often fail to bring the results desired, while the friends and relatives cannot always be relied upon for the tact and discretion so necessary. For that reason the physician must often exercise a vast amount of patience and time to educate the ones immediately concerned, and to prove the deleterious effects the use of opiates have, and then, *perhaps*, the patient can be cured.

It may, perhaps, be of interest to quote from a discussion on morphine in the British Gynecological Society, 1889: Dr. Bantock gave as his experience after surgical operation "that patients were much better off without it—they escaped the restlessness which was left as the opium wore off." Dr. Bedford Fenwick called attention to the fact that opium increased the congestion of the kidneys to a dangerous extent, and might even go to a complete suppression of urine; also, that it caused a complete atony or paralysis of the muscular tissue of the intestines, thus preventing their acting. Dr. R. T. Smith had given two doses of a quarter grain of morphine each in a case of severe shingles; the patient had suppression of urine for twenty-four hours. Dr. Thomas Savage, in his address read at the annual meeting of the Birmingham and Midland Counties Branch of the British Medical Association, says: "It is not long since it was the custom to administer opium and morphine, as a routine treatment in all cases of peritonitis and many other conditions in the abdomen. We have now learned the inadvisability of so doing. May we not extend the withholding of these

and similar drugs in other states? I have myself thought that the general practitioners rely too much upon anodynes."

In this matter of too sympathetic and assiduous medical treatment, errors rather of judgment than intention are often committed.

Of no less importance is the behavior of an opiate on a patient of uric acid diathesis, in which a demand for relief of pain on the part of the patient often becomes quite urgent. Here again the researches of Dr. A. Haig show us that the drug tends to store up the acid; that when elimination begins to take place there is often a return of pain, the patient again demanding relief—in this manner a cycle can easily become established. These pictures teach us the importance of keeping the drug *entirely out of the reach of the patient*, and the necessity of its *careful and conscientious* use where it may be indicated.

NEAR KINSHIP OF CATARRH AND CONSUMPTION, CLIMATE, ETC.

BY NEVIN B. SHADE, M.D., Ph.D.,

WASHINGTON, D. C.

IN following up my experience and researches in the treatment of tuberculosis, I have made a discovery that I desire to mention, and in doing so I will narrate an interesting case of catarrh and tuberculosis, which yielded to the mineral treatment. What is remarkable about this case is that nothing was taken but the hydrargyri chloridum mite in connection with flushing the colon. The case in question is a retired physician, aged about fifty years, late surgeon to the Bellevue Hospital, of New York. In his own words to me in a letter last December, 1891, the doctor says: "I began suffering with catarrh about fifteen years ago, which manifested itself first in my right nostril. It gradually passed down my throat and posterior nares, producing the most distressing symptoms in my throat and bronchial tubes. I expectorated great mouthfuls of sputum, also miliary tubercle daily, especially in the mornings, and was very offensive. About five years ago tuberculosis developed, and in spite of all treatment my case assumed a very alarming state. Last spring I read an article in a medical journal from the pen of Dr. Nevin B. Shade, late of Hagerstown, Md. This article contained a very feasible plan of treatment. After reading it carefully I began the treatment of my own accord, by taking 2 grs. hydrargyri chloridum mite every night for three nights the first week; $1\frac{1}{2}$ grs. three nights the second week; 1 gr. thrice weekly the third week; $\frac{1}{2}$ gr. the fourth week; $\frac{1}{10}$ gr. the fifth week, and thereafter $\frac{1}{10}$ gr. thrice weekly until the present (November, 1891)."

In December the doctor called to see me for the first time. He had taken about 15 grs. of the mineral up to that time, and he claimed that he was almost well, especially of the catarrh trouble, copious expectoration, and offensive discharge from the nostrils. When I understood what had been accomplished in his case, I began to make very careful microscopical examinations of catarrh and tubercular sputum. In comparing the bacillus of the two diseases I find a certain similarity, which leads me to believe there exists a very near kinship, which had not been recognized heretofore by the medical profession. As soon as I have completed my researches in the inoculation of rabbits and guinea-pigs with the catarrhal bacillus and succeed in developing tuberculosis, I will be ready to take more advanced

ground in the pathology of infectious diseases. In regard to climate, in answer to many inquiries I have received from the profession, I would say, I have some patients wintering at Asheville, N. C., the turpentine State, but do not have the results that I had hoped for. The principal objection to the great altitude is the breezy state of the atmosphere constantly, also the severe cold weather that invariably has no beneficial effect on invalids who carry a small volume of blood. After giving this question of climate much thought and study, I have made up my mind only, after close observation as well as experience, that the sea-side resorts are in every way preferable, and give better results upon the whole in all cases, especially those of a nervous temperament.

I prefer the sea side to all other resorts for all cases suffering from chronic trouble. I find the most objectionable feature at the sea-side is the pestiferous insect. However, I am glad to say, which is, in my estimation, a great discovery, that there is but one watering place by the sea that is exempt from flies, mosquitoes and all other insects, and that is Ocean Grove. I am sure I am unable to account for the fact, unless the pure atmosphere is not allowed to become stagnate on account of the counter currents of the sea breeze, and also that there is perfect drainage of the soil, which means no evaporation from the earth's surface at that point. Possibly the purity of the moral atmosphere is helpful, and in a certain sense it certainly is a great contribution to Ocean Grove as a most desirable resort for those seeking quiet rest from the business world as well as for the invalid.

For some years my patients regain strength and improve in every particular much more rapidly at the sea-side than anywhere else. Several patients in California at this time are not doing as well as they might. I would much rather prefer my patients staying nearer home, for I find long journeys undo in a few days what had been gained or accomplished in many months and even years of careful treatment and nursing. Keep your patient from taking long journeys by all means.

SALICYLIC ACID IN CYSTITIS.—John P. Bryson, of St. Louis, in the *Journal of Cutaneous and Genito-Urinary Diseases*, recommends solution of salicylic acid for washing out the bladder in cystitis. Accident showed that while distilled water failed to dislodge the mucus from the vesical wall, the salicylated liquid accomplished this object speedily. This facilitates the use of such remedies as may be required; astringents, germicides, etc. The strength of the salicylic solution is $\frac{1}{8}$ to $\frac{1}{10}$ per cent. in glycerine and water; increased to 2 per cent. in glycerine when the proliferated epithelium forms a horny layer.

A HERNIA OF LONG STANDING CURED BY A GUNSHOT WOUND.—It is not often that a severe and almost fatal injury results directly in benefit to the victim, yet such appears to have been the effect in the following case: A police officer named Nash, of Reno, Nev., in effecting the arrest of a gambler was shot, the bullet entering the abdominal wall close to the inguinal opening. He had previously had an inguinal hernia of twenty years' standing, for which he had worn a truss. Upon his recovery from the bullet wound he stated that he was able to get around without his truss, and that the hernia was cured. Dr. A. Dawson, who was in charge of the case, says

that there is still some protrusion, but that the condition is by no means so severe as that existing before the injury. He does not think that the canal could be occluded, as the bullet did not cross it, but the extension of inflammation has in some degree contracted it, and he believes that with the aid of a truss there may in time be no protrusion. The officer's assailant was, shortly after the affray, taken charge of by a party of citizens and suspended from the railway bridge, a short distance from town. Mr. Samuel Davis (whose other name is Annanias), of the *Carson Appeal*, in commenting upon the case, says, "Yet the man who cured Nash was lynched by the citizens of Reno. The riverside town appears to be a poor place to practise medicine or surgery."

—*Occidental Med. Times*.

ANTISEPTICS IN TYPHOID FEVER.—The medicinal treatment of typhoid by antiseptics is latterly receiving that amount of attention which our more perfect knowledge of its bacteriological origin would suggest, and we see occasionally in the medical journals glowing accounts of the success of this method of treatment in the hands of some; while others confess it has not realized their expectations. As far as I myself am concerned, I have used this method of treatment for several years in both hospital and private practise, and have every reason to be satisfied with the results.

I do not profess to believe that it will abort a case of typhoid once the characteristic fever has begun, but I do assert that it will prevent, in the majority of cases, the septicæmia—for it is nothing but septicæmia with which we have to deal after the second week of the fever is passed. The typhoid bacillus has by this time done its work, so far as the intestinal glands are concerned, and hereafter we have only saprophytic bacteria and their effects to deal with. The characteristic hectic type of temperature during the third and subsequent weeks of enteric fever, such as we have in connection with suppurating cavities in the lungs or elsewhere, shows this to be the case.

In seeking for a suitable antiseptic for this purpose, we must choose one which will fulfil the following objects: It must first exercise its effects in the intestinal canal, and not in the stomach; its action must be thorough, not alone antiseptically the contents of the bowel, but it must permeate the intestinal wall as well, where septic micrococci may have already established themselves, and even enter the blood. To fulfil these conditions the form of antiseptic must be, in my opinion, a gaseous one. We know how readily the intestines absorb gases, and pass them into the blood. The antiseptic I am in the habit of using is chlorine in an alkaline solution, as in an alkaline form it mingles best with the contents of the intestines, which in enteric fever exhibit a strongly alkaline reaction. This treatment is not original, as Murchison, who expresses himself in general as dissatisfied with antiseptics, speaks favorably of chlorine, and regarded it as an admirable method of treatment. He administered it in an acid solution, which in my experience is not so satisfactory. That this method of treatment produces a fall in the temperature, and makes the type of the disease milder, there can be no doubt, and in over a fourth of the cases, when begun early, it brings the febrile process to an end about the fourteenth or sixteenth day.

—Boyd, *Dublin Jour. Med. Sci.*

The Times and Register

A Weekly Journal of Medicine and Surgery.

WILLIAM F. WAUGH, A.M., M.D., Managing Editor.
A. E. ROUSSEL, M.D., French Exchanges.
W. F. HUTCHINSON, M.D., Italian and Spanish Exchanges.
HERMAN MARCUS, M.D., German Exchanges.

THE TIMES AND REGISTER,
FORMED BY UNITING THE
PHILADELPHIA MEDICAL TIMES,
THE MEDICAL REGISTER,
THE POLYCLINIC,
THE AMERICAN MEDICAL DIGEST,
PUBLISHED UNDER THE AUSPICES OF THE
AMERICAN MEDICAL PRESS ASSOCIATION.

Published by the MEDICAL PRESS Co., Limited.

Address all communications to 1725 Arch Street, Philadelphia.

New York and Philadelphia, February 20, 1892.

BRAMWELL'S CLINICAL MEDICINE.

WE have before us the third part of Byrom Bramwell's "Atlas of Clinical Medicine."¹ This part treats of Progressive Unilateral Atrophy of the Face; Chronic Progressive Bulbar Paralysis; Ophthalmoplegia; Molluscum Fibrosum, and Xeroderma Pigmentosum. The plates comprise two each on progressive atrophy, bulbar palsy, ophthalmoplegia and molluscum, and four on xeroderma. The letter-press consists of forty-four pages.

The maladies with which we have mostly to deal in practice are naturally those of greatest interest to us. Through the well known paths we find a superfluity of guides; for every physician has his own idea as to how a labor should be managed, or a pneumonia treated. But when we are confronted with cases of the rarer affections, there is more difficulty. Uncertainty attends the origin, progress and termination of affections that occur too infrequently to allow of their careful study. For this reason we feel that Byrom Bramwell is doing a real service to the profession, in preparing and publishing this fine clinical atlas. We have spoken in former issues of the articles upon myxœdema, cretinism, Addison's and Hodgkin's diseases, as most valuable additions to our library. The present number fully sustains the high standard of its predecessors. The article upon hemiatrophy gives the history of a case depicted in one of the plates. Following this is an outline of the symptoms; the peculiar atrophy of one-half the face; non-development of the bones; atrophy of the tongue and soft palate; trophic changes of the skin and hair; anidrosis; occasional subjective sensory phenomena, etc. The section on pathology closes as follows: "To sum up, in the present state of our knowledge, the exact pathology of facial hemiatrophy, is uncertain. In my opinion, the clinical facts support the view that the atrophy is the result of a nerve lesion; and that the lesion involves the trophic

nerve fibers or cells of the fifth nerve. The balance of evidence is, I think, in favor of the central origin of the lesion; whether, in those cases in which the tongue is atrophied, the motor nerve nucleus or trunk of the hypoglossal nerve is involved, must be determined by future (post-mortem) observation." The diagnostic points he gives as follows:

"1. The slow and insidious commencement of the disease, and its very chronic and progressive course.

"2. The unilateral character of the atrophy and the fact that (in the immense majority of cases) it is sharply limited to the area of distribution of the fifth nerve.

"3. The fact that the wasting is chiefly due to atrophy of the skin, fat and connective tissue, and, it may be, of the bones of the face, and that there is no paralysis of the muscles supplied by the facial nerve.

"4. The facts that, in the great majority of cases at all events, well-marked evidences of trophic alterations in the skin and its appendages are present (alterations in the color of the skin, morphea-like or sclerodermatous patches, thinning of the hair, changes in the color of the hair, etc.); and that in many cases anidrosis is also present.

"5. The fact that the sensory functions of the skin on the affected side are usually normal, and that the special senses are unaffected.

"6. The facts that the general health is usually unimpaired, and that there are no symptoms or signs of 'coarse' organic disease within the cranial cavity."

These extracts will give the reader an idea of Dr. Bramwell's style. As in the former parts, each article in this one is followed by a schedule for the clinical examination and recording of cases of the affection under general consideration. Many cases of value would be rescued from oblivion, were these schemas to be placed in the hands of every intelligent physician. Indeed, it is from a conviction of the great value of these clinical studies to the practitioner that we have treated of this editorially, instead of among the reviews. Among the numerous works constantly issuing from the medical press, we know of none of greater importance, not to the collector of a library, but to the general practitioner.

Letters to the Editor.

SUPERNUMERARY DIGITS.

SOME days since my attention was called to an anomaly on the hands of one of a pair of colored twin babies, delivered a week previously by an old midwife. The child referred to had six fingers on each hand. The sixth finger was in both cases attached by a purely fleshy connection to the outer aspect of the middle phalanx of the little finger; was half an inch in length, and was provided with a perfectly formed nail. This infant was in addition just passing through a mammary abscess of the right breast, due probably to the presence at birth of an abnormal amount of milk.

ERNEST B. SANGREE, M.D.

744 S. FIFTEENTH STREET.

¹Printed by T. & A. Constable, University Press, Edinburgh. Price of the first volume, four parts, £1, 11s. 6d.

AN OPENING.

A CONCOURS will be held at Rush Medical College beginning Tuesday evening, March 1, for the purpose of filling the positions of Lecturer on Anatomy, and on Materia Medica and Therapeutics in the Spring Faculty.

The Spring course begins March 31, directly after the close of the regular term, and continues two months, with a class of 250 to 300 students, thus affording the lecturers an excellent opportunity to exercise their skill as teachers.

It is the policy of the college, so far as practicable, to fill vacancies in the regular faculty from the corps of Spring instructors. Nine of the present members of the regular faculty have been selected in this way.

The concours will consist of twenty-minute lectures by each applicant before the faculty, students and local profession upon subjects pertaining to their branches, which will be furnished by the Professors of Anatomy, and Materia Medica and Therapeutics, a week before the contest.

C. FLETCHER INGALS,
Registrar.

CHICAGO, ILL.

CAN FRIGHT CAUSE ERICHSEN'S DISEASE.

THE English railroad surgeon Page, in his book on "Injuries of the Spine," claimed that fright could cause the symptoms, described by Erichsen, denominated spinal concussion, which I had the honor of naming after their discoverer as "Erichsen's Disease."

An interesting case in point is under my care: J. E. L., aged thirty years; heredity good; previously in excellent health; in the summer of 1888 was in an elevator which fell from the fifth story upon an air cushion. The fright instituted nervousness, from which he still suffers. A few hours after the accident he fainted, but has not done so since, and for some months he was sleepless, but sleeps well now. Suffers from a dull ache in the head, and a blurring of the eyesight. Experiences no difficulty in reading; his appetite is poor; is easily frightened; bowels regular; no sexual impairment; no bladder trouble; no pain in the back, or tenderness on pressure of the spinous processes; no motor difficulty; vertigo is his main trouble, which is worse in the morning, particularly upon bending over suddenly. Carpentering, at which he worked, was too heavy for him, and he changed his occupation for something lighter.

If these symptoms are compared with those of Erichsen's disease a very decided difference will be noted.

S. V. CLEVENGER.

BERKS COUNTY MEDICAL SOCIETY.

At the meeting of the Berks County Medical Society Professor P. D. Keyser gave a practical talk on Conjunctivitis with its Complications in the New Born.

Discussion by Drs. Cleaver, Kurtz, Wanger, Weidman, Dunot and Hepler.

In the evening the annual banquet was held at Mineral Springs Park Hotel.

Among the invited guests present were Professors Keyser, Tyson, Atkinson, and Dr. L. W. Fox, of Philadelphia; Drs. Dunot and Bishop, of Harrisburg, and Dr. Craig of Columbia.

The following toasts were responded to by the following persons:

"Our President," Dr. S. C. Ermentrout.

"Our Neighbors," Dr. Dunot.
"Early Reminiscences," Dr. Tyson.
"Our Society," Dr. Cleaver.
"The Human Eye," Dr. Keyser.
"Our State Society," Dr. Atkinson.
"Our Hospitals," Dr. Weidman.
"Advances in Surgery," Dr. Craig.
"European Experiences," Dr. Fox.

A fine menu was presented, and the medical men did ample justice to the feast prepared for the occasion.

Officers of the Berks County Medical Society for the year 1892: President, Dr. S. C. Ermentrout; Vice-Presidents, Dr. M. L. Bertolette and Dr. W. M. Weidman; Recording Secretary, Dr. James Keyser; Corresponding Secretary, Dr. H. A. Hepler; Treasurer, Dr. A. S. Raudenbush; Censors, Dr. C. G. Loose, Dr. F. W. Frankhauser and Dr. J. Cleaver; Medical Examiners, Dr. Loose, Dr. Reeser and Dr. Beaver; Curator, Dr. C. M. Kurtz.

Delegates to American Medical Association, Drs. Reeser, Loose, Beaver, Bertolette and Weidman.

CURIOUS CASE OF PROBABLE SCARLATINA.

PLEASE give your opinion and diagnosis in THE TIMES AND REGISTER of the following cases, and oblige a constant reader of your valuable journal:

Two children, aged three and five years, were taken with vomiting during the night and they had a diarrhoea for a few hours; during the next day a rash was observed on the youngest, but did not appear on the other until the next day following. The rash began on the neck and spread over the whole body except the back, although there were but few on the face. On the third day the mother became alarmed, and sent for me in the evening. I found the children completely covered with a scarlet rash, except in the regions above mentioned; it was slightly raised on some parts of the body. They had a temperature of $104\frac{1}{2}^{\circ}$ and 104° respectively, and pulse 140 and 130. Both complained of sore throat and could not swallow without pain; the glands under and behind the angles of the jaw were found swollen and hard, with some tenderness. On inspection the tongue was found slightly furred, with throat and tonsils very red and swollen, but without patches. On the fourth day I found a portion of their bodies (especially back of hands and ears) covered with vesicles, from pin-head size to a line in diameter, and the youngest had a bloody discharge from one ear. The fifth day the vesicles had nearly disappeared and the rash had begun to fade on the oldest child. The sixth day the rash began to fade on the youngest and desquamation had commenced on the oldest. The temperature at this time was $102\frac{1}{2}^{\circ}$ and 100° respectively. On the seventh and eighth days desquamation continued; the skin from the palmar aspect of the fingers comes off in patches. On the ninth day the youngest had a temperature of 101° with a slight return of the vesicular eruption. The temperature of the oldest was nearly normal. The glands are still swollen. The parents each have a sore throat with red and enlarged tonsils, and the mother's temperature has been as high as 104° . As the children have had no symptoms of acute catarrh, cough or watery and weak eyes, I excluded measles and diagnosed the case as an irregular form of scarlet fever.

—, M.D.

BRIDGEPORT, CONN.

[The case is probably one of scarlatina; the only other possibility being that of poisoning from some unknown organic substance. Sometimes certain foods, such as shell-fish, under some little known conditions, give rise to some gastro-intestinal disturbances and a scarlatiniform eruption, very difficult to distinguish from the genuine, except by its non-infectious character. In the present case, if it were really scarlatina, it looks as if the poison had gained entrance to the system through the food. Inquiry should be made as to the food on the day of infection, and as to whether the parents had had scarlatina previously.—ED. T. & R.]

CASE FOR DIAGNOSIS.

WILL you give the diagnosis and treatment of the following case, if you can, from this history:

Managed about thirty years; single; farmer; hard work the chief end of life, and striving for money. Complains of feeling "tired all over;" weakness in back, and some pain in region of kidneys; head feeling tired; lack of ambition; has an occasional seminal emission. I suspect masturbation in earlier life, but he does not acknowledge it. Easily discouraged; sleeps poorly.

I have given galvanization of head and spine, descending current, three times a week with:

R.—Sodii benzoat.
Sodii salicylat. āā 3ij.
Potassii bicarb.
Potassii acetat. āā 3iv.
Aque menth. ad f3iv.

M.—Sig. 3j every four hours.

For kidney irritation and cloudy urine.

Follow this by:

R.—Tr. nucis vomicæ,
Acidi phosphorici āā 3iv.
M.—Sig. Gtt. xx t. i. d. in water.

Last night I gave in tablets:

R.—Strychninæ sulph. gr. $\frac{1}{10}$.
Zinci phosphidi. gr. $\frac{1}{4}$.
Sig. This dose t. i. d. instead of tr. nux vomica and phosph. acid

Patient is beginning to doubt my ability to cure him. Can I do better than the above? Would the chloride of gold solution be advantageous?

Appetite good enough; no particular constipation. T. C.

[If the patient be fairly ruddy, I would consider it probably a case of uricæmia, and would give him 40 grains of sodium salicylate and 15 minims wine of colchicum daily, in divided doses. If, on the contrary, he is evidently anæmic, I would send him to the sea shore for two weeks, and carefully regulate his digestion; then compel him to work and to rest according to your directions.—ED. T. & R.]

INFLUENZA IN KANSAS.

LA GRIPPE reached this community about January 1, and many people were attacked by it. The young seemed to have complete immunity from it; or, if they did suffer from it, it was in the form of malarial fever. Children would often complain of headache and cough, and the fever would frequently reach 103°, 104°, and in one case the temperature was 105°. Usually the type was quotidian. I diagnosed these cases malarial, as they would yield to

quinine in a very short time. Strong, vigorous adults attacked were often well in a week or less. The temperature rarely rose above 102°.

I found that a few doses of antikamnia relieved the "bone ache and frontal headache," and was the only medication that was needed. Neighboring physicians tell me that antifibrine and sodium carbonate answered as well as antikamnia; but I couldn't get the same results by any means.

The old suffered greatly in many cases. There was great prostration, nausea and vomiting, with very offensive breath. For these cases I usually prescribed calomel, grs. v, in powders, No. 6; one powder every four hours, which worked like a charm; with quinine, capsicum and antikamnia every four hours, to relieve pain and stimulate. For the cough in the acute stage muriate of ammonia, ipecac and tr. opii camphorata was a favorite combination. For the chronic cough that followed I tried many things, and they all failed, till I caught a hint of Waugh's, and tried malt extract (Maltine). That one suggestion has been worth dollars to me.

JOHN VANVLIET, M.D.,

WHEATON, KANSAS.

INFLUENZA WITH JAUNDICE.

SOME ten days ago I was suddenly seized with severe pains in the shoulders, arms and legs; "surgical" pains, so to speak, resembling the gratings of fractured bones. I immediately repaired to bed, or retired to bed for repairs, with miserable forebodings of a visit from "la grippe." Soon I began to experience intense muscular weakness, and became as helpless as though "knee-deep" in rheumatic fever, yet my pulse and respiration were normal, and temperature constant at 100° Fahrenheit. No pains in the head, no usual signs of influenza, no functional disturbance; nothing but the muscular exhaustion and those terrible bone pains.

A few days later I awoke one morning to find considerable abatement of these symptoms; but I was fast in the toils of a first class duodenal catarrh. There was much local tenderness; the skin and conjunctivæ were deeply stained with jaundice; and the bladder dispensed a sort of fancy fluid, strongly resembling "Golden Syrup." But the most annoying of all was the constant heartburn, and the rising of an acrid secretion in the throat, like boiling oil, accompanied by irritative cough, nausea and straining. This was evidently the genuine imported article, catarrhal fever, long known in Europe as "Epidemic Grippe," selecting my duodenum as its field of battle, and playing the deuce with my bile. I never thought I had so much gall! These troubles are now subsiding; but inasmuch as this octopus, like grippe, has seized me by an apparently new "hold," I thought I would at least expose one instance of his "catch-as-catch-can" methods.

LOUIS LEWIS, M.D.

36 N. NINETEENTH STREET, PHILADELPHIA.

GARFIELD TEA.

AS it has come to pass that neither the doctor nor THE TIMES AND REGISTER has gone to Chicago, perhaps you can find time to tell me the exact composition of "Garfield Tea." I do not recollect of seeing the formula. Presume that it is an object for the venders to keep the people in ignorance of its composition, that they may get a large price for inexpensive herbs. There is considerable call for it

here, and persons say it works very well. I have long prescribed senna with aromatics, and sometimes bitters, and have been as well satisfied with it as with cascara; yet I am anxious to do better if I can.

E. CHENERY, M.D.

BOSTON, MASS.

[*The New Idea* states that "Garfield Tea" is composed of senna leaves and crushed couch-grass; any other ingredients being unimportant. This is the only expression concerning the composition that we have been able to find.—Ed. T. & R.]

Book Notices.

ESSENTIALS OF MEDICAL ELECTRICITY. By D. D. STEWART, M.D., and E. S. LAWRENCE, M.D. Pp. 156. Philadelphia: W. B. Saunders, 1892.

To those who have some knowledge of the subject, this little book may be of service, but for the neophyte it is not so well adapted as some of those heretofore published, for indistinctness at several points renders it misleading; as, for instance, in speaking of the objections to one-fluid cells: "2. As the solution increases in dilution the internal resistance also increases, a saline or acid solution being a better conductor than pure water." Accurately speaking, the solution gets more saline under use owing to the destruction of the zinc, or other anodal plate, hence the solution becomes too much neutralized by the salt resulting, and it then is too little acid to act on the anode; besides this, the more alkaline the electrolyte becomes the more is the cathode apt to be coated with the salt—the result then is the same as when hydrogen clings to the plates—the acid cannot act on them at all.

One or two other minor matters might be noted, but on the whole the book is well gotten up. The second part, commencing with the physiological effects of electricity, and going on to the use of currents in practice, is well written—the ideas being based on those of such well-known men as DeWattville, Erb, and Duchenne. The illustrations are good, the printing and binding also good, and the price very moderate.

W. R. D. B.

TREATISE ON GYNECOLOGY, MEDICAL AND SURGICAL. By S. POZZI, M.D., Professeur Agrégé à la Faculté de Médecine; Chirurgien de l'Hôpital Lourcine-Pascal, Paris; Honorary Fellow of the American Gynecological Society. Translated from the French edition under the supervision of, and with additions by, BROOKS H. WELLS, M.D., Lecturer on Gynecology at the New York Polyclinic, etc. Volume I. With three hundred and five wood engravings and six full page plates in color. New York: William Wood & Company, 1891. 4to; pp. 681; cloth.

The practitioner who obtained his gynecological information from the works in vogue ten years ago, must take up the study anew, and that at the alphabet, to understand the subject in its present phase. Comparing the earlier editions of Thomas and Emmet with this fine work of Pozzi's, one may comprehend the revolution that has been accomplished. Gynecology was always an attractive study, even at the time when Charles D. Meigs delighted our fathers with his brilliant word-pictures. The present work does not fall in any degree behind its predecessors in interest. The author states that it is based upon his experience at the Lourcine, but he has drawn freely on the works of the gynecologists of France and of other countries; among whom our own countrymen figure largely. He has, however, avoided

the too common error of smothering his subject and his own individuality under the mass of bibliography. In some of our modern books the reader is bewildered by the multitude of suggestions offered; while the modesty or the ignorance of the author prevents his giving any guidance as to the choice. Dr. Pozzi does not hesitate to indicate his own preferences, or to give tangible reasons therefor; thus broadly distinguishing his work from that of a mere compiler. The work of the American editor is commendable, for what he has done and what he has let alone. We recommend the work to our readers as one whose purchase they will have no reason to regret.

THE CHINESE: THEIR PRESENT AND FUTURE; MEDICAL, POLITICAL AND SOCIAL. By ROBERT COLTMAN, JR., M.D., Surgeon in Charge of the Presbyterian Hospital and Dispensary at Teng Chow Fu; Consulting Physician of the American Southern Baptist Mission Society; Examiner in Surgery and Diseases of the Eye for the Shantung Medical Class; Consulting Physician to the English Baptist Missions, etc. Illustrated with fifteen photo-engravings of persons, places, and objects characteristic of China. In one handsome royal octavo volume. 220 pages. Extra cloth, price, \$1.75, net. Philadelphia: The F. A. Davis Co., publishers, 1231 Filbert street.

In this volume, Dr. Coltman has given an outline of his observations during a residence in Northern China. He speaks of the country, the people, their home life, dissipation, diseases, the work of missionaries, business opportunities, politics and future prospects. The reader will find it the work of a shrewd observer, such as one would expect a doctor to be; without the unnatural coloring usual in missionary writings. We are all interested in China now, and our children will be still more, if the heaven now working in that people produces the results to be expected, and that gigantic mass of humanity assumes an aggressive attitude towards the rest of the world, in the arts of peace or in those of war.

A DICTIONARY OF TREATMENT, OR THERAPEUTIC INDEX, including Medical and Surgical Therapeutics. By WILLIAM WHITLA, M.D., Professor of Materia Medica and Therapeutics in the Queen's College, Belfast. Revised and adapted to the Pharmacopoeia of the United States. In one octavo volume of 917 pages. Cloth, \$4. Philadelphia: Lea Brothers & Co., 1892.

A useful book; in that it gives the material so arranged as to be most available for the use of those who need it. The same plan was followed in Taylor and Waugh's "Manual of Treatment," but that work was more of a compilation. In this, Whitla gives his own treatment in full, and then mentions that recommended by others, without much detail. The index of diseases is almost useless; as the work is arranged alphabetically; and there is no index of remedies or of authors.

VAN RIPER'S RECORD BOOK. For Physicians and Trained Nurses. Published by L. O. VAN RIPER, 325 Rialto Building, Chicago. Price, 50 cents.

A record with two pages for each day, and one line for each hour; spaces for all essential data, orders, and remarks; temperature charts, etc. A very good means of recording cases.

FIRST LINES IN MIDWIFERY. A Guide to Attendance on Natural Labor for Medical Students and Midwives. By G. ERNEST HERMAN, M.D. (Lond.), F. R. C. P., etc. With eighty illustrations. Philadelphia: Lea Bros. & Co. Cloth, 12 mo., pp. 191.

For midwives, good; for medical students, bad. Because it gives in language intelligible to persons

of limited capacity such information as they are able to comprehend; such as tends to dissipate the dense ignorance and superstition in which the widwife is so often steeped. But as the result of considerable experience with medical students, we must object to anything that approximates the compend. The student will inevitably choose the book that is *easiest*; and neglect those that require study. His text-books should be couched in plain terms; they should be perspicuous, but they must be at the same time full. They must give the fact and the reason for it; they must teach him what is best to do, and why; and no work that is too brief to do this is fit for a text-book for students.

The Medical Digest.

RADICAL CURE OF PROSTATIC OBSTRUCTION.—In 1888, two cases of prostatic disease with complete obstruction and cystitis came under my care at the hospital, at about the same time. They made no sign of improving under the usual treatment, but gradually became worse in the manner in which prostate disease progresses in those about to die.

In both cases I performed perineal section, secured the middle lobe with volsellum forceps and cut away a piece of it. The one during the few days he survived had continual high temperature suggestive of surgical kidney, which proved to be the case on a post-mortem examination. The other gradually improved with the prostatic tube retained within the bladder and by frequent injections. After about a month the prostatic tube was removed and the wound allowed to heal. He is at the present time in good health, though he passes a catheter from time to time to prevent the retention of a small quantity of urine within the bladder after micturition, which if allowed to remain would soon bring about a re-development of the catarrhal cystitis from which he had suffered for so long a time.

These bad cases decided me upon the imperative necessity of overcoming the obstruction by removing a portion of the middle lobe. This operation has been done in recent years through a supra-pubic incision, but it appeared to me that grooving the central portion of the lobe would be sufficient to keep the internal orifice of the bladder patent, and with this object I had the instrument here described made for me by Messrs. Weiss, and I should certainly advise the performance of the operation in all cases where the continual use of the catheter is necessary, before the onset of those symptoms which are so well known to accompany the last stages of prostatic obstruction, and which render the operation less likely to prove successful by adding to its severity at the time when a patient is less able to undergo an operation, and also at a time when the condition known as surgical kidney has so often supervened.

The instrument consists of two blades, moving on the principle of a lithotrite. Both blades are cutting, with keen edges, not riding over each other, but fitting edge to edge. The sliding blade, instead of rising at right angles from the stem like a lithotrite, rises with a long incline, in order to slip back over the middle lobe of the prostate when both blades are in the bladder. The cutting edges are in the form of a scoop with a hollow within which receives the section of the prostate when cut away. The instrument is inserted into the bladder through the perineal incision with the blades shut and turned downward,

so as to lie behind the middle lobe. The fixed blade is then held steady whilst the sliding blade is withdrawn, and owing to the form of its incline it glides easily over the middle lobe until it arrives in front of it, and when clear, suddenly falls, so that one cutting edge is in the rear of the lobe and the other in front of it. The two blades are now pressed firmly together and a central section of the lobe is thus scooped away and retained within the hollow of the instrument. The mucous membrane is probably not severed, because there is always difficulty in cutting through mucous membrane, but on withdrawing the instrument it draws into the perinæum and cut through with a knife. It is my desire in future to perfect the instrument, so that it can be applied through the ordinary channel of the urethra without the complication of perineal incision. Little or no bleeding takes place.

For the prevention of septicæmia the bladder should be washed out with a few ounces of boracic acid lotion every half hour for the first ten hours, and every hour for the next twelve hours, through a prostatic tube in the perinæum, which is connected with a long India-rubber tube leading to a chamber beneath the bed. If it is considered necessary, more than one section of the gland can be taken away, and as the wound heals the contraction leaves a permanent groove through the gland to the urethra. The prostatic tube, which need not be a long one, may be removed within a week and the perineal incision allowed to heal.

Of four cases described, three of them showed signs of improvement immediately after the operation, terminating in complete relief from the urinary troubles.

The operation itself gave rise to no traumatic symptoms whatever, no elevation of temperature, no shock, and notwithstanding the fact that in one of the cases at least it was performed as a last resource, in a man seriously ill, constitutionally affected, and one of a class of cases hitherto considered moribund.

We have in these cases a proof that we can now treat the bladder very much as we can treat the surface of the body, provided that sufficient caution is employed to retain that part in an equally aseptic state, as wounds upon the surface are kept, and if this fact is once established we can attack with diminished responsibility, and with a feeling of security, prostatic enlargements, tumors of the bladder, or even the bladder walls. The patient who died with the complication of surgical kidney must not be allowed to detract from the value of the operation. Kidney disease, or even albuminuria, is a terror to the surgeon whenever the question of an operation, however insignificant, has to be decided upon.

—A. T. Norton, *Med. Press and Cir.*

FAVORITE BEVERAGE IN NEW YORK.—It is reported that at the Manhattan Club, in New York, a warm beverage, called an "oyster cocktail," is largely dispensed. For the benefit of those who may be possessed of suicidal intentions, I give the recipe. Seven small oysters are dropped into a tumbler, to which must be added a pinch of salt, three drops of fiery Tabasco sauce, three drops of Mexican Chili-pepper sauce, and a spoonful of lemon juice. To this mixture add a little horseradish and green pepper sauce, African pepper ketchup, black pepper, and fill up with tomato juice. This should be stirred with a spoon, very slightly crushing the oysters, which are then lifted out and eaten, the liquid following as a cocktail. I am inclined to think that the individual that concocted the above deserves to suffer a long life

of unceasing indigestion for his pains. It would be difficult to decide which would prove the least harmful to the digestive organs, one glass of the cocktail or an extensive course of boot-heels and methylated spirits.—*Hospital Gazette*.

TREATMENT OF ACUTE PLEURISY IN THE PARIS HOSPITALS.—A great number of medical men of the present day consider that the immense majority of pleurisies are of a tuberculous nature, and consequently the treatment should be in the same sense. However, this opinion is far from being received in Paris. M. German Sée is one of those who believes in the microbian origin of pleurisy. He considers blisters as useless, and has no confidence in the different agents of internal medication, neither in diuretics as milk and digitalis, nor in purgatives or sudorifics. Recently antipyrine was proposed, but it did not give satisfactory tests. According to him the patient should be well alimented, in order to have strength to struggle against the invasion of the microbe. Thoracentesis should not be made before the twentieth or thirtieth day, otherwise the effusion would be sure to return.

Prof. Hayem, on the other hand, considers salicylate of soda as capable, given internally, of reducing considerably the amount of the liquid. He discards blisters.

M. Lecorché follows the old classical method, as does also Prof. Strauss.

M. Thalamon has confidence only in thoracentesis. However, he does not have recourse to it in every case, as many pleurisies get well by simple rest in bed. In any case he does not practice it before the third week. He orders no blisters nor any diuretics as he believes them hurtful.

Prof. Dieulafoy says that in acute pleurisy there are two indications, treatment of the pain and that of the effusion. For the pain a small blister might be applied, or an injection of morphine given. When the liquid has exceeded a quart tapping must be done, but all the liquid should not be drawn off at once, in order to avoid the accident so often witnessed in thoracentesis. The operation can be repeated a few days afterwards if necessary. The needle should be inserted in the eighth intercostal space, below the angle of the scapula. He never employs blisters, diuretics, or purgatives.

M. Huchard submits his patient to a milk diet, and orders a mixture containing squills and digitalis, with an occasional blister. He considers the pleuritic patients in general are candidates for tuberculosis, and, consequently should be looked after.

M. Dujardin-Beaumetz is a warm partisan of revulsives. He employs large blisters, and renews them from time to time.

M. Moutard-Martin gives his preference to painting with tincture of iodine and the administration of quinine.

M. Faisans said that, when called at the *début* of acute pleurisy he applies wet cupping, in order to relieve the pain and the oppression. As long as the effusion remains within bounds, he orders no other treatment; no blister as long as there is fever, no purgatives, no pilocarpine, and in general no diuretics, unless the patient insists on "doing something." According to M. Faisans there exists no medical treatment properly speaking for pleurisy. Thoracentesis is the treatment *par excellence* when the liquid shows no tendency to diminish.—*Med. Press*.

CATARRH.—April 11, 1846, I arrived in Ridgway, Elk county, Pa., where I have been in active practice of medicine and surgery nearly ever since, in the counties of Elk and adjacent parts of Jefferson, Cameron and Clearfield, having an extensive practice among the lumbermen of this lumber country. In the spring and fall of all broken winters, influenza has prevailed to a greater or less extent up to the present season, and during this season we have not had two days alike, and sometimes all kinds of weather the same day. Catarrh, in all its forms and producing all its results, has been very prevalent. I use freely:

R.—Potassii chloratis..... ʒiss.
Sodii bicarbonatis..... ʒij.
Pulv. acaciæ,
Sodii chloridi..... āā ʒj.
Aquæ menthæ..... f ʒviiij.

Fiat solutio, et sig.

Give from a teaspoonful to a tablespoonful every half hour to an hour. Dose to be governed by circumstances as to age, etc.

Also, give ipecac in powder or by adding it to the above solution, and give quinine freely; also, at times the following powders:

R.—Potassii chloratis,
Sodii chloridi,
Acaciæ..... āā ʒij.
Sodii bicarbonatis..... ʒij.
Pulv. opii..... ʒj.
Pulv. ipecacuanhæ..... ʒij.

Misce bene, et sig.

Give from 25 to 40 grains every one to four hours for an adult.

I use as a spray, wash and gargle:

R.—Potassii chloratis,
Sodii chloridi,
Acidi borici..... āā ʒiss.
Aquæ camphoræ..... Oj.

M.—Fiat solutio.

To be used three or four times a day wherever the mucous membrane is afflicted with catarrh and can be reached with a wash; and as an injection in cases of catarrh of the urethra, bladder, vagina and rectum.

I give in catarrh of the stomach, bowels, gall-bladder, kidneys and bladder pure virgin olive oil in doses from a teaspoonful to one or two tablespoonfuls three times a day, in wine or clear, with meals; also use locally wherever the diseased parts can be reached with the oil, sometimes mixing with the oil chloride of sodium.

When the patient is suffering with pain in the joints, limbs, back and chest, I give pills, each of which contains:

R.—Hydrargyri chloridi corrosivi..... gr. ʒij.
Potassii iodidi..... grs. ij.

M. et ft. pil. No. 1. Sig.

One to two pills taken three times a day with meals.

Of late I have used the following preparation in place of the camphorated tincture of iodine:

R.—Iodinii,
Camphoræ..... āā ʒj.
Etheris loti..... f ʒiiij.

M.—Sig.

Brush along the spine, over the chest, shoulders, hips, joints and on the limbs, wherever pain exists.

I have used for many years for all catarrhal and bronchial coughs:

R.—Pure fresh lemon juice,
Jamaica rum..... āā Oj.
White sugar..... ʒij.

Misce bene, et sig.

Take from one teaspoonful to a tablespoonful pro re nata. This has always given satisfaction.

The saline baths and thorough friction of the entire body must not be neglected.

Almost daily patients call for treatment of the eye and ear. Some have a defect or loss of vision, and others the loss of hearing. Many of them have been from home for treatment by specialists, or those who make a specialty of the treatment of the eye and ear, and have received no relief. On examination I find no disease of eye or ear, but they are greatly afflicted with chronic catarrh, as described by Hippocrates, and by thorough and careful treatment they all recover.

In addition to the treatment already given I use the following :

R.—Ergotinae..... Div.
Tinct. iodinii camphoratae..... f 3ss.
Glycerini..... f 3iv.

Misce bene.

Use with a brush in the throat, fauces and post-nasal cavities.

I am now treating many cases of this class, and I find children as well as men and women, wearing glasses for trouble of the eye, while catarrh is the cause of all.—C. R. Earley, M.D.

THE THERAPEUTICS OF STRONTIUM BROMIDE.—There has always been a vaguely expressed, but generally accepted opinion, that strontium salts participate in the poisonous properties of barium, on account of the close approximation which the two metals hold in their chemical position to the other elements.

The new and precise investigations, however, of Dr. Laborde, chef des Travaux physiologiques à la Faculté de Médecine de Paris, have put an end to this legend; the communications made by this *savant* to the French Academy of Medicine¹ and to the Society of Biology, have established once and for all, that far from being harmful, pure strontium salts have, on the contrary, a favorable influence on the phenomena of nutrition.

The same authority showed that the previous contradictions and errors on the subject of the toxic effects of the strontium salts were due exclusively to the greater or less impurity of the commercial products used, containing small amounts of baryta.

Professor Germain Sée in affirming the absolute innocuousness and remarkable therapeutical action of strontium salts, in certain maladies, mentions the fact that they were already the subject of an inaugural thesis inspired by the late Professor Vulpian in 1885.²

Drs. Constantin Paul and Dujardin-Beaumetz are not less positive of the merits of the strontium salts.³

Dr. Constantin Paul, referring to his experiments, says: "I gave 6 grammes daily of bromide of strontium to a young girl, suffering from hysterical epilepsy, for two months.

"The attacks had hitherto returned periodically before the menses, and resisted the regular daily administration of 4 grammes of bromide of potassium.

"The bromide of strontium appears to have prevented the attacks, for they have not since recurred."

Dr. Dujardin-Beaumetz found that bromide of strontium possesses the indisputable advantage of being better borne by the stomach than the other alkaline bromides.

The important position occupied by bromide of potassium in the treatment of nervous diseases is well known, but, unfortunately, if administered for any length of time, it provokes intolerance, which, in addition to a disturbance of general nutrition, gives rise to symptoms of intestinal septicæmia, followed by cutaneous eruptions associated with intense depression and cerebral torpor.

It is, therefore, eminently desirable to find a substitute, a succedaneum, to use a therapeutical term, for bromide of potassium, a drug, in fact, which shall possess all its advantages without its drawbacks.

That bromide of strontium responds precisely to this *desideratum*, has been already proved by the clinical experimentation made; the pure salt in crystalline needles, such as has been obtained by Paraf-Javal, such as is found in the solution prepared by Chaptault, is soluble in all proportions of water; it is with this salt, and this alone, on account of its perfect preparation and absolute purity, that clinical researches have been brought to their present pitch of constancy and precision.

At the *séance* of the Society of Biology (Paris) October 17, 1891, Dr. Ch. Féré, in reporting the results observed in his hospital practice at Bicêtre,¹ referred to the interesting case of a patient treated with 10 grammes of bromide of potassium daily, in whom the cutaneous eruption persisted in spite of intestinal asepis. This patient was given the same dose of bromide of strontium, and equally good effects were obtained therapeutically without any undesirable symptoms. Intravenous injections in rabbits have shown that these animals support .85 grammes of bromide of strontium as against .14 of bromide of potassium. This proves that bromide of strontium is six times better tolerated than bromide of potassium.

Professor Germain Sée says of pure bromide of strontium that "It never produces any disastrous effect on the stomach even in large doses. It may be taken in doses of 4 grammes (62 grains) at each of the three daily meals. Out of 32 patients suffering from gastric dilatation, several have been improved, and some altogether cured. I believe that the bromide of strontium will advantageously take the place of bromide of potassium, and especially the polybromides in the treatment of epilepsy." (Académie de Médecine, October, 1891.)

The abundant evidence at our disposal proves that the pure bromide of strontium responds to the same indications as bromide of potassium, over which it has the immense advantage of being admirably tolerated; for even in large doses it produces no accidents.

CONSUMPTION AND LIFE INSURANCE.—It is clear that pulmonary consumption is the resultant of a weakened constitutional state which is fostered and determined by racial and national peculiarities; by a disproportion in the height, weight, and chest measurement; by diminished apex breathing; by a want of physical activity; by order of birth; by the number of brothers and sisters; by the length of time which elapsed since the preceding birth; by parental resemblance; by heredity; by want of nourishment; by injurious occupations; by alcoholism and syphilis, and by the inhalation of noxious vapors and dust; and from this the following conclusions are warranted:

1. That of races in this country, the Indian and African are most prone to consumption, although the

¹ Académie de Médecine de Paris (Séances du 21 et 28 Juillet, 1891).

² Académie de Médecine (28 Juillet, 1885).

³ Société de Thérapeutique (Séance du 11 Noven Ler, 1891).

¹ Comptes-rendus de la Société de Biologie (p. 665).

mixed Indian shows a greater resistance to it than the pure blood. Whether a similar relation obtains between the pure and mixed negro, we have no means of determining.

2. That of nationalities in this country, the Irish are the most and the English and the Germans the least vulnerable to the disease.

3. That the rich and well-to-do are more exempt from the disease than the poorer members of society.

4. That sedentary lives—employments which favor the inhalation of dusty, poisonous or irritating substances, or occupations of exposure, like that of firemen—invite consumption.

5. That impure air of itself does not act as an exciting cause of consumption.

6. That it is probable that consumption is proportionately more prevalent in country than in city districts.

7. That a greater proportion of males than of females die of consumption.

8. That, on the whole, large families are less resistant to consumption than small families.

9. That some members of the same family are more liable to consumption than others, whether there is a family history of phthisis or not.

10. That the youngest and then the oldest members of a family are most liable to consumption, whether a family history of phthisis exists or not, provided one or both parents are not the youngest of their families.

11. That children who are born within a year after the preceding member are more prone to consumption than those which are born two or three years apart.

12. That syphilis and alcoholism are direct causes of consumption.

13. That consumption is not communicated from man to man through contagion.

14. That inheritance plays an important rôle in the propagation of at least fifty per cent. of all cases of consumption.—T. J. Mays, *Med. Examiner*.

MALARIAL FEVER.—I have found the following combination most efficacious in the treatment of the malarial fevers of California, in adults, especially when there is reason to apprehend a torpid condition of the liver :

Quinin. sulph.....	5j.	
Podophylin	gr. j.	
Aloin	gr. ij.	
Extract hyoscyam	q. s.	M.

Ft. mass, et in pil., No. xxx div.

S.—Two every three hours.

The foregoing should be administered uninterruptedly until the whole quantity prescribed is taken. The following should then be ordered :

Quinin. sulph.....	5j.	
Acid arsen	grs. ij.	
Strychnine sulph.....	gr. j.	
Aloin	grs. ij.	
Ext. gentian	q. s.	M.

Ft. mass, et in pil., No. lx div.

S.—One morning, noon and night.

—*Occidental Med. Times*.

LA GRIPPE.—In the treatment of "la grippe" the following has been found most generally beneficial, when the attack is uncomplicated :

Morph. sulph	grs. ij.	
Quinin. sulph.....	5iv.	
Sagrada cordial	5iij.	
Syr. Yerb. Sant.	q. s. ad 5viij.	M.

S.—A teaspoonful every three hours.

—*Occidental Med. Times*.

THE THERAPEUTIC VALUE OF LINSEED OIL.—To most physicians linseed oil is good only for the purpose of making carron oil and its subsequent application to burned surfaces. But it has other and valuable therapeutical values which we believe are not fully understood and tried. It is as valuable as cod-liver oil in the treatment of all of those diseases for which the latter is used, while at the same time it does not in the least disturb the stomach. It is a vegetable oil and is as easily digested as the cream of milk. Taken in the form of an emulsion it is readily assimilated by the stomach, and its influence on the mucous membrane of the bronchi is of a healthy character. In phthisis it has been used with great advantage, and in all of the chronic coughs it is simply invaluable. It is also a laxative, and is indicated in the treatment of hemorrhoids. We are sure that if used more freely by the profession, it will prove of great value in their hands, as it has in the hands of the comparatively few doctors who have tried it.

The oil should be of the purest character, cold pressed and made from selected seeds.—Wile, in *The Prescription*.

SUDDEN DEATH FOLLOWING A SLIGHT BLOW UPON THE LARYNX.—The following case of death ensuing shortly after a sharp, but slight blow on the larynx is of unusual occurrence: Eugene Bollock, aged ten years, residing at Spokane, Wash., during recess at school, was watching some larger boys playing "zip" or "tip cat," when the "cat," a small, sharp-pointed piece of stick, struck him in the laryngeal region. The child gave a little cry, and started into the school-house to find his teacher. He got up the steps and into the hall, but fell to the floor in an unconscious state just as he reached the door of his class-room. He never regained consciousness, dying in half an hour from the receipt of the injury. Dr. C. E. Grove, who with other physicians saw the case very shortly after the accident, says that the only evidence of local injury was two small blue spots on the skin over the cricothyroid space; palpation failed to find any lesion. The parents would not allow an autopsy to be made. Dr. Grove suggests that death may have been due to an impression conveyed by reflex action to the respiratory and vascular centers through the recurrent laryngeal nerve.—*Occidental Med. Times*.

FOR a series of experiments conducted at the Loomis Laboratory, I procured various examples of floured bananas, as made in several different localities, all of which would be very nutritious and digestible foods. For requirements with the sick I took a floured product designated bananose, in which, either from the selection of the fruit, or the method of preparation, the starch had been carried further towards fruit sugar, making a desirable pre-digestion.

I found that an unboiled saturated aqueous solution of banana flour contained a very large percentage of sugar, and bananose held from half to three-fourths as much as certain of the best known prepared saccharine foods for infants, to which sugar has been added artificially. A dog was killed during pancreatic digestion and a fresh glycerine extract of the pancreatic gland was prepared, with which I made the following experiment: Equal quantities of oat-meal, farina, corn-starch and banana flour (bananose) were each boiled separately in the same amount of distilled water for the same length of time, so as to make a thick solution or paste. Test tubes were

filled with the four solutions, and to each variety of starch 4cc. of the fresh glycerine extract of pancreas was added. The tubes were placed in a digesting oven and allowed to remain at a temperature of 100°F. for an hour and a half. The amount of each digested solution required to precipitate all the copper from 5cc. of Fehling's solution was as follows :

Oatmeal	Sol.....	6.	cc.
Farina	"	6.	cc.
Corn-starch	"	5.	cc.
Bananose	"	3	25 cc.

It is thus apparent that the bananose, at the end of an hour and a half of pancreatic digestion, was capable of developing nearly twice as much sugar as the same quantity of oatmeal or farina, and approximately one and a half times as much sugar as the corn-starch. A similar series of experiments, in which fresh saliva was used instead of pancreatic extract, showed the bananose to possess a ready digestibility with ptyalin.

—W. Gilman Thompson, *Dietetic Gazette*.

THE NEUROTIC ELEMENT IN DISEASE.—In 1885 I saw a young man who had been refused at an insurance office for an irregular heart. He was brought to me by his own medical man in consequence, and I certainly could not in that instance find fault with the decision, for his heart was tumbling about in a most extraordinary fashion for a man, and such as I have rarely seen in that sex and at that age before or since. I cannot go at length into my reasons for regarding the affection as a functional one; it must suffice to say that the shape of his head, his whole bearing, and the previous history, given me by the gentlemen who brought him, who was an old friend of his as well as adviser, showed conclusively that he was an extreme neurotic. He wanted to get insured before he went abroad, and he was obliged to start in some ten days or so. I told him that I was convinced that there was no disease of his heart; but as to getting insured before he went, that was impossible, as it was clear that no examiner would look at him with his heart in that state, and it was little likely to quiet down with an ordeal such as that before him under the circumstances of the hurry. So I advised him to go abroad, and as his refusal had much upset him, to go to some medical man near him, and to have his heart examined frequently, thinking that when he got used to the process he would soon be reported upon more favorably than we could do at that time. My expectations were quite justified, for after some months I heard from him, saying that he had got his life insured, and that now his mind was at rest. I do not think that in the end he had any desire for the insurance as an investment, but merely because it gave him a certificate of the soundness of his heart. He comes to England periodically, and I have seen him several times in the course of the six years that have now elapsed since my first introduction to him, and he has hardly put his foot on shore before he rushes off to me to get his mind set at rest. And here is the point that makes me a little uneasy about him: He has several times had recurrences of extreme irregularity of the heart's action, generally after mental worry, and once in this state I sent him to Homburg, and some one who saw him there, not knowing so much as I did about him, shook his head at him, kept him on one floor, made him go about in a Bath chair, and sent him home again more dead than alive from sheer fright. But, although I judge the nature of the case to be a neurosis, I cannot but fear that as he advances in years a muscle or nerves

of such irritability may fail under the stress of even ordinary existence, and that he may not live out his term. And yet, on the other hand, the case is much like, in all but the sex, the palpitation that is so common in women, and which does not, so far as I know, do much, if anything, to shorten life. Nay more, it is a condition that may well excite astonishment by the small amount of disturbance that it creates. There may be some amount of discomfort, but even that is difficult to speak of accurately, for going with the disturbed cardiac action there is so much nervous erethism that it is uncertain how much of the distress is due to the one and how much to the other; and how little of anything there may be sometimes is well impressed on my mind by the remembrance of a lady who walked into my room a year or two ago after a morning's shopping in Regent street, saying that she had had a palpitation all that night and morning, and would I please to give her something to stop it. I found her heart beating 160 per minute, and I do not doubt that it had been doing so through all her peregrinations in the shops of the West end.

I can only mention one other condition that has to do with the question of weak hearts—viz., faintings that are supposed to own a cause of this kind. They are excessively common; far more common in women than in men, and they come for an opinion in numbers, because the uninstructed associate the condition of fainting with disease of the circulatory center. Now, except occasionally in old people, is it ever so? If it be, I confidently assert that it is a very rare occurrence; and for myself I can say that of the large number of cases of this kind that have come under my notice, and of which I have notes, in no single instance have I been able to discover any organic disease, and in all there has been ample evidence that they were nerve cases and not heart cases. I need hardly say that faints are often of an epileptic character. I do not wish to assert that all these cases are of that nature, but short of epilepsy there are many conditions that emanate from the nervous system, and lead to faints that are altogether outside of the heart. The sort of case met with is after this wise. A gentleman, aged thirty-three, who has been in the tropics for some years, and has had malaria and rheumatic fever, has had within a short time of returning home two attacks of palpitation, in one of which he fainted for a minute. He has had one slight attack since he came home. He came to me because he thought his heart was affected, but there was nothing discoverable, and as he was very tremulous and nervous, I believe it was all brain.

Another interesting case of this sort I saw down in the country some three years ago. A lady, aged twenty-eight, had been somewhat recently confined and was anæmic. For some days before I saw her she had been going off into repeated faints, and had kept the whole house in a perpetual panic. I do not know how many nights the doctor had slept in the house to see an attack, but his presence always seemed to keep them off, and he had never seen one. The patient was light-haired, lively, neurotic Irishwoman, subject to vertigo, but with no organic disease of any kind.

And yet one more, also in a lady of the same age (twenty-eight), who has been subject to attacks of giddiness for years, but who of late has had most curious seizures that come on quite suddenly while she is walking about. She has all the feeling that she may faint, but never goes quite off; sometimes she goes pale; but more usually she flushes and gets into

a perspiration. At the onset of the attacks her heart seems to stand still for a second, and then off it goes into a violent palpitation. The heart sounds were a little irritable, but there was no evidence of organic disease.

Of course these cases do not touch the question of fainting in organic disease of the heart, though even there I think it may be said that it is a much rarer thing than is supposed. I remember having a patient of this sort under my care in Guy's hospital some years ago, and kept him in for some time, because the case was so very uncommon in this respect, but even there I was in doubt. He had definite mitral or aortic disease, I forget for the moment which, and he used to have faints; but I believe in that case the heart disease led in some way to an epileptic attack, and that it was not a state of simple syncope. People with dilated hearts may die suddenly from syncope; old people with degenerate muscle may die in like manner; but the fact remains that those who are subject to faintings are very seldom sufferers from heart disease, and it is also the outcome of clinical experience that faints of this kind are not dangerous, and need never excite much alarm for the immediate issue. Practically they occur in boys and girls and women, and are a symptom of a deranged or weak nervous system.—From the Harveian Lecture of Goodhart, in *The Lancet*.

HYPNOTISM AND HUMBUG.—At the base of the brain is a complete circle of arteries, from which spring great numbers of small arterial vessels carrying a profuse blood supply throughout the whole mass, and capable of contraction in small tracts, so that small areas of the brain may, at any given moment, become bloodless, while other parts of the brain may at the same time become highly congested. Now, if the brain, or any part of it, be deprived or partially deprived of the circulation of blood through it, or if it be excessively congested and overloaded with blood or if it be subjected to local pressure, the part of the brain so acted upon ceases to perform its functions. The brain's regularity, and the sanity and completeness of the thought which is one of the functions of its activity, depend upon the normal quantity of blood passing through all its parts, and the healthy quality of the blood so circulating. If we press upon the carotid arteries which pass up through the neck to form the arterial circle of Willis at the base of brain within the skull, we quickly produce insensibility. Thought is abolished, consciousness is lost; and if the pressure be continued all automatic actions of the body—such as the beating of the heart, breathing motions of the lungs, which maintain life, and which are controlled by the lower brain centers of ganglia—are quickly stopped and death follows.

We have observed (where portions of the skull have been removed) that during sleep, the convoluted surface of the upper part of the brain, which in health and in the waking state is faintly pink, like a blushing cheek, becomes white and bloodless. It is in these upper convolutions that the will and directing power resides; so in sleep the will is abolished and consciousness fades gradually away as the blood is pressed out by the contraction of the arteries. The same effect is attainable by altering the quality of the blood passing through the brain, by the chloroform or other toxic substances. Though not conscious of the mechanism producing arterial contraction and bloodlessness, we are not altogether without control of it. Some possess marked control over it. I can generally put myself

to sleep at any hour of the day, either in the library chair or in the brougham.

Now, a word regarding what is meant by reflex action. The nerves leading from the various organs to the brain convey swift messages to its various parts, which are answered by reflected waves of impulse. Tickle the soles of the feet, and you excite contraction of the toes, involuntary laughter, or perhaps only a shuddering and skin-contraction known as goose-skin. The irritation of the nerve end in the skin has carried a message to the involuntary or the voluntary ganglia of the brain, which has reflected back nerve-impulses contracting the muscles of the feet or the skin-muscles, or giving rise to associated ideas and laughter.

Thisideo-motor or sensory motor system of nerves can thus produce automatically and without the consciousness of the individual, a series of muscular contractions. And the coats of arteries are muscular and contractile under the influence of external stimuli, acting without the help of consciousness, or when consciousness is in abeyance. Let me give one more example of this, which completes the chain of phenomena in the natural brain and body which I adduce in explanation of the true as distinguished from the false, or falsely interpreted, phenomena of hypnotism, mesmerism, or electro-biology. When a hungry boy looks into a cook-shop, he becomes aware of a watering of the mouth and a "gnawing" at the stomach. The brain has sent a message which has dilated the vessels around the salivary and gastric glands, increased the flow of blood through them and quickened their secretion. Here we have a purely subjective mental activity acting through a mechanism of which the boy is quite ignorant, and which he is unable to control, and producing that action on the vessels of dilatation and contraction which, as we have seen, is the essential condition of brain activity and the evolution of thought, which is related to the quickening or the abolition of consciousness, and to the activity or abeyance of functions in the will centers and upper convolutions of the brain, as in its other centers of localization.

Here, then, we have something like a clue to the phenomena of hypnotism. The will may be easily abolished under the influence of imagination or sudden impression, even in animals the least imaginative and physically most restless and active. I take a cock from the barnyard, and notwithstanding his struggles and screams, place him quietly and firmly on a level board and draw a chalk line from his beak, which I have depressed until it touches the board, and he remains there motionless and firmly hypnotized. Rabbits, guinea-pigs and other animals may be readily hypnotized. Position, tactile impression, and possibly also mental impression, are the means used.

I come now to consider the subsequent conditions of the person who has submitted to any of the processes of hypnotization or mesmerism. The individual is reduced, more or less perfectly, to the state of a living automaton. The upper brain is more or less completely and regularly bloodless, and its functions in abeyance. The will is abolished, suspended, or enfeebled. Sleep has been induced while the thought has been on the operator, and the suggestion which he makes or the directions which he gives are carried out without the intervention of the will of the subject, and more or less completely without his knowledge.

He is an instrument on the keys of which the operator may play his own tune.

It may be asked, what are the added powers of clairvoyance, prediction of future events, insight into

hidden things, etc., often attributed to somnambulists and hypnotics, and so frequently employed as means of extorting money. The answer is given in the one word—*Imposture!*

It is well known that a hypnotic can be led to perform, under influence of suggestion, acts which are dangerous to himself and others, and which are in themselves criminal—to thieve, to commit arson, or to attempt violence—and there is reason to believe that certain subjects can be made to receive a suggestion having in it a time element. Such a subject can be told, "On this day week, at a given time, you will return to the hypnotic state, go to a given place, steal such and such property, attack such and such a person, and you will not remember who gave you the direction."

There is a time element in all nerve actions, and the operations of the brain. A person going to sleep at night says: "I will wake at six o'clock to-morrow morning, for I have to catch a train;" and he does it. This is a familiar example of a deferred suggestion, operating at a moment indicated several hours before. Ague chills are known to return at a certain hour every third or fourth day. The sensation of hunger is periodic according to habit of the hour of eating. The periodic chronometric and involuntary operation of the nervous system is imported into hypnotism.

—Ernest Hart, in *Nineteenth Century*.

PHARMACAL NOTES.—*Ferrated Cod-liver Oil.*—*Bulletin de la Société de Pharmacie*, Bordeaux, 1891, 341, gives the following formula for this preparation. Cod-liver oil 2,000 gm.; alcohol 90 per cent., 1,500 gm. and caustic potash 3,300 gm., are heated until saponification has taken place; then while warm the mass is mixed with perchloride of iron, 2,700 gm., in distilled water, 5,000 gm. The iron soap separates as a brown mass, is washed with water and then heated to drive out the water. Lastly it is dissolved with the aid of heat in five times the quantity of cod-liver oil. The finished product, weighing 2,700 gm., is set aside to settle and is then filtered.

Vapors of Naphthalin are recommended as a remedy in whooping-cough, by Chavernac (*Bull. Gén. de Thé.*, Oct. 30, 1891). About 15 to 20 gm. of the compound are slowly vaporized from a porcelain dish, taking care that the naphthalin is not ignited, since the smoke is acrid and irritating. The vapors give prompt relief in the disease named, unless complicated with tubercular or emphysematous affections, when they are apt to cause distress.

Aristolochin is the name given by Dr. J. Pohl to the active principle of the seeds of *Aristolochin Clematitis* and the roots of *A. rotunda* and *A. longa*. Physiologically it was found that cold-blooded animals were entirely indifferent to it; while in warm-blooded animals uræmic intoxication was produced; in this respect aristolochin is a much more powerful agent than any other substance; it resembles aloin in its action upon the kidneys, but is about ten times more poisonous—it is probable that given to man it may act as a cathartic.

Arsenical cod-liver oil, upon the request of a specialist in children's diseases, was prepared as follows: 0.5 gm. arsenious oxide was warmed with 20 gm. absolute alcohol in a small flask; no solution took place until a small particle of potassium carbonate was added, when the oxide immediately dissolved without dissolving the potassium carbonate; after filtering, the solution was added to 1,500 gm. of cod-liver oil and warmed on a water-bath until the alcohol was dissipated. The oil is perfectly transparent and holds the

arsenious oxide in solution; 30 gm. of the preparation contain 5 mg. arsenious oxide [this is not correct if the arsenious oxide be completely dissolved; 30 gm. will contain 10 mg.—F. X. M.] and can be given to children in doses of $\frac{1}{2}$ –1 teaspoonful.

Salophen, or acetyl-p-amidosalol is a synthetic patented product used in cases of acute articular rheumatism in doses of 4 to 6 gm. per day. It forms small, thin lamina, odorless and tasteless; almost insoluble in cold water, slightly soluble in boiling water, forming a neutral solution; more soluble in warm alcohol and ether; readily soluble in solutions of alkaline hydrates; it melts at 187–188° C. and contains about 51 per cent. salicylic acid. It is made by a complicated process and has the formula $C_6H_4(OH)COO C_6H_4NHCOCH_3$.

—*American Journal of Pharmacy*.

OCCLUDED OS AT FULL TERM.—**CASE I.**—In May, 1890, I was called to a multiparous Hindu woman, who had been in labor about two days. At the end of that time the native midwife gave it as her opinion that the woman would never be delivered, and left her. When I arrived the patient was having pains. On examining, my finger met a smooth elastic wall, with no trace of cervix or os. It was puzzling; but after some time, carefully feeling round, I detected a slight dimple where I should expect the os to be. The pains occurred at intervals, but, beyond stretching the uterine wall, did nothing to dilate the closed os. The head was not fixed. Between the pains I gently scratched with my nail, and the tissue yielded with some very slight bleeding until I encountered the membranes, which were adherent round the os. These I cleared, and they began dilating; but the process was slow, partly because the parts were rigid with what felt like cicatricial tissue, and also because the pains were becoming feebler. When the head had fixed I ruptured to relieve the uterus, and assisted dilatation with my fingers, and finally put on forceps, delivering a live child, who, however, required resuscitation. The patient declined further European treatment, but eventually did well.

CASE II.—In September, 1890, I was called one evening to a multiparous Mahomedan woman, who had been in labor over twenty-four hours. The waters had been dribbling away all day, but no progress was made. On examining, my finger met the same smooth fleshy sphere, all trace of the cervix being gone; but in this case there was a slight roughness indicating the site of the os, and the cicatrix was more readily torn through, there being no bag of membranes (I could not detect the aperture through which the waters had escaped). On rupturing meconium escaped. The face was presenting and had fixed. I gave the girl an opiate, as the moulding being insufficient forceps failed to deliver. Early next morning pains returned, and the patient was safely delivered of a stillborn well-formed boy. The mother did well eventually; but was much exhausted for some time, owing to the unhealthy surroundings and long standing anæmia.

It is said that occlusion of the os generally occurs in primiparæ. It may be so amongst Europeans. I should think the probable cause in both these cases was due to the treatment either after previous delivery in the Hindu, and during pregnancy in the Mahomedan by the *dhaïs* or native midwives, amongst whose gynecological customs it is to pass native uterine sounds to induce a condition fit for pregnancy, and to fill the vagina with boluses made of treacle and herbs.—Nash, in *The Lancet*.

SUICIDE.—Dr. B. W. Richardson, F. R. S., has lately been devoting considerable attention to the subject of suicide, and has made it the theme of a lecture delivered to the members of the Sunday Lecture Society at St. George's Hall, Langham Place, on Sunday week last. He said that throughout the world there were about 180,000 suicides per annum, or about 12 in every 100,000 people. The best records of any State were those of Massachusetts, where all cases of deaths other than natural were reported on. More males than females committed suicide in that State, and while the method of the former was by fire arms or wounding, women generally adopted the gentler method of poisoning. Suicides varied much in number in different races, but in every country there were certain localities that produced more than others. The seasons produced different results, and dull weather increased the numbers. In England, the greatest number of suicides occurred from March to August, and for some reason, the last four days in June always gave the heaviest returns. The minimum was in February, and that was the same in America. Religious creed had its share of influence. Suicide was more common among Protestants than Romanists, while very few cases occurred among Jews. It increased with education, and also spread with railways and telegraphs. As to occupation and wealth and poverty, there had been no connection traced. Among males the greatest number of suicides occurred between the ages of thirty and forty, and among females between twenty and thirty. It was more common among widows than married women. Sometimes suicide was committed in a kind of delirium, and in some cases it seemed to arise from a kind of contagion of ideas, as in the case of the Monument, the Duke of York's Column, and the Clifton Suspension Bridge. There were also occasional hereditary tendencies, and of the determinant causes, bringing the predisposition into action, the most frequent was alcohol. Then second in number came religious doubts and fears—the desire to know the worst of eternal punishment at once rather than live dreading it. Here those who believed in the efficacy of priestly absolution had undoubtedly the advantage. With regard to remedies, and the overcoming of thoughts of suicide, Dr. Richardson said the chief points were a temperate life without alcohol, the avoidance of gambling or the struggling for wealth, and also those controverted religious dogmas for which there was no reasonable answer.

—*Hospital Gazette.*

CLINICAL SOCIETY OF LONDON.—An ordinary meeting of this society was held on January 22, the President, Sir Dyce Duckworth, being in the chair. An exhibition of clinical cases first took place.

Dr. Frederic Taylor showed a patient who had tracheal tugging in association with aneurism of the arch of the aorta. After referring to the paper on this subject published in *The Lancet* by Dr. McDonald in March last, Dr. Taylor stated that the patient possessed many of the usual signs of aneurism; there was huskiness of the voice, inequality of the pulses, and diminution of the breath sounds at the left base. On taking the cricoid cartilage firmly between the finger and thumb and lifting it upward, the communicated pulsation or "tugging" of the aneurism was distinctly felt.

Mr. Bernard Pitts showed a case to illustrate the after-treatment for double ankylosis of the hip, or scissors-legged deformity. The boy was nine years of age, and came under his care a year ago. The

left thigh was ankylosed in front of the right, and he could only shuffle along on his toes. The ankylosis was osseous, and was the result of inflammation following a fall four years previously. He had been treated by extension in the Leicester Infirmary. Mr. Pitts first made a section of the left femur below the trochanters, and fixed it in a straight position. He then took a wedge out of the neck of the right femur, but this procedure was followed by suppuration and necrosis, necessitating the excision of the head of the bone. Movement had since been kept up on the right side, and the boy for the last month had been able to walk.

Mr. Frederick Page, of Newcastle, showed a pitman who, five weeks ago, received a stab in the left side of the neck. Hemorrhage was at first checked by pressure, then the wound was enlarged, and a vein which was divided was tied. The next day a swelling was found which extended from the thyroid cartilage to the sterno-clavicular joint, and there was a thrill which was characteristic of a communication between an artery and a vein. The exhibitor thought that the lesion was an aneurismal varix between the carotid artery below its bifurcation and the internal jugular vein; he gave reasons for this opinion. The patient at present complained of a constant buzzing noise, and he could not express himself freely. Mr. Page referred to a case of aneurismal varix in the popliteal space, which occurred a few years ago, and in which, after twelve years, an aneurism of the popliteal artery developed.

Dr. Coutts and Mr. Dunn exhibited a girl with hypertrophy of the left lower extremity. The limb commenced to swell shortly after an attack of scarlet fever, and the hypertrophy now involved all the tissues. There was neither albuminuria nor chyluria, but Dr. Coutts thought he had found a worm in the blood larger than *filaria sanguinis hominis*. The femoral artery had been tied, and since then the limb had decreased in size.

Dr. Hadden brought forward a woman, aged twenty seven, affected with aphasia. A year ago she was attacked by right hemiplegia, which was apparently of syphilitic origin. She could remember very few words, but her automatic utterances remained, such as the words of a few hymns and prayers. There was no heart disease.

Mr. Openshaw exhibited a child with congenital defects of the upper and lower extremities. There was no family history of similar deformity. There were deep grooves round both legs, and both fingers and toes were undersized, and for the most part nailless. The left foot exhibited talipes equino-varus. There was no spina bifida.

Mr. Mansell Moullin demonstrated a case of fracture of the lumbar spine for which he had performed laminectomy. On January 1, 1891, the patient had fallen down a chalk pit, and was picked up unconscious with the lower limbs paralyzed. The medical man who saw him extended the spine manually, which was followed by temporary improvement; still he could not move the left hip, and both limbs below the knee remained paralyzed. Nine weeks after the accident he removed the second and third lumbar spines, with the corresponding laminae, and as the second lumbar vertebra appeared to be twisted, he removed its right lower articular process.

He was unable at the operation to determine the nature of the injury. Two days afterwards sensation on the left side began to improve, and he had now completely recovered power except in the left tibialis anticus and the extensors of the toes. These muscles, however, were the only ones which had lost

their reaction to faradism before the operation ; but at the present time (twelve months after the operation) they commenced to show signs of returning power.

Mr. Leonard Bidwell showed a woman forty-seven years of age, who, five years ago, noticed pigmentation at the end of the thumb, and six months ago a melanotic tumor formed. At the end of last September he removed the tumor, together with the surrounding skin. Before the wound cicatrised pigmentation commenced round the scar, which had since increased in extent ; but there was no recurrence of the tumor, an enlarged axillary gland being apparently accounted for by a sore on the back of the hand. There was no history of a mole existing at the site of the growth.

Mr. Herbert Allingham read a paper on a case of punctured wound of the thigh, in which the femoral artery and vein were divided. Gangrene of the leg followed ligature of the proximal and distal ends, and the limb was finally amputated through the knee-joint. Frank S——, aged twenty-eight, was admitted into the Great Northern Hospital on November 30, 1889. While cutting some bacon with a long, sharp butcher's knife his hand slipped, and the knife penetrated the inner part of the right thigh just at the apex of Scarpa's triangle. A considerable amount of blood shot out. He at once applied pressure, and was brought to the hospital, where, after a tourniquet was applied, it was found there was a small wound about an inch long, from which, on loosening the tourniquet, blood spurted. The surrounding tissues were infiltrated with blood, and there was no pulsation in them. The whole of the limb was tense and very much swollen, the foot was quite cold and pale, and there was no pulsation in any of the vessels of the leg. The patient's general condition was bad, he was very blanched, complained of thirst, swimming in the head, and was extremely restless. Esmarch's bandage was applied, and the divided vessels cut down upon. On exposing the sartorius it was seen that that muscle had been penetrated, so it was cut across and the ends turned upward and downward. A large blood clot was then exposed and turned out, and at the bottom of the cavity was seen the femoral artery and vein completely divided just as they entered Hunter's canal. Both ends were secured. The wound was then sewn up, having been previously well irrigated. The leg and thigh were enveloped in cotton wool, and kept warm with hot bottles. The next day the leg appeared warm, but on December 2, two days after the operation, the foot began to have a waxy appearance. The calf became much swollen and painful, and on December 3 the foot had become gangrenous, of the dry variety, and this increased and spread very slowly up the leg to about the middle of the calf. The leg remained in this condition until December 23—when the temperature rose to 105°, the gangrene becoming moist, and with that state of things he amputated at once through the knee-joint by Stephen Smith's method, and the next day the temperature returned to normal. When amputated it was seen that both the popliteal artery and vein were plugged, and the cutaneous vessels bled rather freely. The wound was a long time healing, as the edges of the skin sloughed. The interest of this case lay in the following facts: The gangrene when once pronounced did not extend for three weeks. Amputation was done through the knee-joint. His reason for delaying to remove the dry gangrenous leg was because, since the constitutional symptoms were favorable, it

was better to wait in order that the collateral circulation might become well established. If he had amputated early he thought the incision would have to be made through the wound in the thigh, where the femoral vessels were ligatured, as that wound was not healed, and therefore there was still a fear of secondary hemorrhage. Mr. Harrison Cripps said that two questions were raised for discussion: the primary treatment of the case and the right time to perform amputation after gangrene appeared. If there were doubts what vessel was wounded, he held it right to trust at first to graduated pressure properly applied, the limb being bandaged from below upward, an outside splint put on, and a roller firmly applied above and below the wounded spot. But in the case related the evidence was so clear that the femoral was divided that the right practice was at once to cut down and tie the ends. When gangrene occurred the practice should be the same whether it were due to wound, ligature, or embolism of the artery. The portion of limb which died was usually the foot with the lower half of the leg, the thigh generally not being affected. The gangrene usually caused but little constitutional disturbance, and in that case the line of demarcation should be waited for; it was usually about four inches below the knee, and amputation should be performed immediately above it. If the patient were old and feeble nature might be allowed to effect separation down to the bone.

Dr. W. M. Ord and Mr. H. B. Robinson contributed notes of a case of suppurating hydatid of the lung, treated by incision of the lung and removal of the hydatid. The patient, a youth aged eighteen, a telegraph messenger, was admitted to St. Thomas' Hospital, on October 25, 1890. He had had "pleurisy" in the right side four months before admission, was in bed for two weeks, and then "recovered completely." He had had a cough for five weeks before admission, and after this had lasted for two weeks he was seized with a pain in the right side, and brought up a quantity, estimated by him as half a pailful, of an opaque yellowish-white fluid. From that time he was confined to his bed, could only lie on his right side, and suffered from considerable dyspnoea. He had had profuse expectoration, and latterly troublesome diarrhoea. On admission the patient was pale and sallow, with a hectic flush and a look of anxiety. His breathing was rapid, short and painful, and his breath fetid. The temperature was 101°; pulse, 120; respiration was almost entirely diaphragmatic, and was 54 to the minute; there was dullness over the lower fourth of the right lung behind and impaired resonance as high as the fourth rib in front; vocal fremitus was slightly increased over the dull area, and loud bubbling crepitations were heard (a few hours after admission these disappeared, and were replaced by cavernous breathing, the patient having coughed up in the meantime more than a pint of frothy and offensive muco-pus); there were bronchophony and whispering pectoriloquy over the dull area; there was tubular breathing, with increased vocal fremitus, over the base of the left lung posteriorly. Heart and abdominal organs normal. The diarrhoea continued after admission. Stools liquid, brownish-yellow, and offensive; urine, sp. gr. 1030, no albumen, sugar, indican, or blood. Some hours after admission an exploratory puncture was made, and about one ounce of thin sanious blood was obtained, with numerous flakes of membrane; no hooklets were found; the sputum contained neither hooklets nor tubercle bacilli. The symptoms pointing to a large cavity actively secreting pus, Mr. Robinson,

on the third day after admission, proceeded to operate. No general anæsthetic was used, but the ether spray was employed for the skin incision, which was made from the angle of the seventh rib to the inferior angle of the scapula, the periosteum of the rib was detached, and one inch and a half was resected. On careful section in the space thus left, a cavity was reached about a quarter of an inch from the rib. No pleural cavity was found, and on cutting into the lung there was no hemorrhage. About half a pint of stinking pus, with gas, escaped from the wound, followed by a very large and collapsed hydatid cyst. Two drainage-tubes were introduced, but owing to the patient's condition the cavity was not washed out. Soon after the operation the patient had a rigor, and the temperature rose to 102.4° , but sank to normal four hours afterward. The wound was dressed in the evening, with the escape of a large quantity of pus. On the following day the cough was not so troublesome and the expectorations hardly offensive. The cavity was washed out with three pints of weak Condly's fluid. This was repeated on the following two days, at intervals of twelve hours, and the discharge became less profuse and less offensive. The diarrhoea continued very bad, and the patient gradually became exhausted, and sank on November 10, thirteen days after the operation. Post-mortem examination: A large cavity occupied almost the whole of the lower lobe of the right lung, and about the artificial opening only a very thin layer of lung could be seen beneath the greatly thickened pleura. The cavity had a smooth wall, and, though containing some shreds of exudation, was practically empty. The surrounding lung was the seat of chronic interstitial pneumonia. Between the parietal and visceral layers of the pleura round the upper lobe was an empyema, which had no connection with the hydatid cavity. The upper lobe was compressed, and the seat of acute broncho-pneumonia. The lower lobe of the left lung was semi-solidified by collapse and broncho-pneumonic foci. There was acute pericarditis, but the cardiac valves and muscle were normal. The liver contained two hydatid cysts. The other organs were healthy, and no other cysts were found. It was evident at the time of admission that he had a large abscess of the right lung partially discharging through the bronchial tubes. The enormous amount of discharge occurring suddenly five weeks before, suggested the existence either of a suppurating hydatid or of empyema bursting through the lung. The latter supposition was not favored by physical signs. The operation would have been performed earlier but for the necessity of communicating with the boy's parents. As an operation for pulmonary abscess it proved successful, but from the long previous duration of the case pyæmic infection had occurred.

Mr. C. Mansell Moullin gave details of a case of hydatid cysts of the liver, which ruptured into the peritoneal cavity, and in which abdominal sepsis was performed. The patient was a thin anæmic youth, aged nineteen. The tumor was first perceived eight years ago. In September, 1889, something gave way in the abdomen; the swelling disappeared, and an eruption of urticaria, with slight shock, followed. Ascites set in afterwards; and the patient was admitted into the London Hospital, under Dr. Stephen Mackenzie. The abdomen was aspirated on three occasions, fifteen to twenty pints of dark greenish-brown fluid being evacuated each time. Hooklets were found in the last. Abdominal section was performed on December 28, an immense

quantity of fluid draining away. Recovery was very much delayed by the slowness with which the cyst wall separated and the difficulty of extracting the sodden fragments. In about three weeks bile ceased to make its appearance, but the patient did not rally. A few days later a second, much larger cyst with thicker walls, burst into the suppurating cavity, the shock on this occasion nearly proving fatal. Then the cavity slowly contracted, and the patient was discharged with the wound healed in April. Attention was directed to the very different estimates of the mortality attendant on rupture of the hydatid cysts into the peritoneal cavity and the great difference to the severity of the symptoms, especially the degree of shock. It was pointed out that the symptoms of poisoning that usually followed could only result from some constituent of the fluid itself, possibly a ptomaine, the presence of which in living active cysts had been shown by Langenbuch and confirmed by Brieger and others. This would also serve to explain the results obtained experimentally by Roy and Humphry. On this supposition the subsequent onset of peritonitis and its severity must be regarded as dependant chiefly upon the nature of the debris that entered the peritoneal cavity at the same time.

The President asked the experience of surgeons as to whether these cavities should be washed out. His own feeling was that they should not be so treated.

Mr. Howard Marsh said that the difficulties were very great when one attempted to do anything active surgically to the lung itself. The hemorrhage on incision into its substance was profuse, and there was great difficulty in getting sufficient room, even if ribs were freely removed. It was a difficulty, again, to leave the wound in an aseptic condition because of the usual free communication with bronchi. He referred to a case in which a patient had apparently a simple empyema, but the sinus would not close. Portions of ribs were removed, and there was extremely severe hemorrhage. The sinus still remained open, and a quantity of blood had since escaped both from the sinus and by way of the bronchi, though he had no clue as to its cause. He thought that hydatid cavities should not be washed out. A little time ago he saw a lady, in consultation with Dr. Douglas Powell, with a chest complaint. It was thought to be empyema, and a portion of rib was resected, when there gushed out a large quantity of hydatid material. It must have been hepatic in origin, for afterwards there was a free discharge of bile; the patient ultimately did well. He once nearly destroyed a patient by washing out with weak iodine a chest cavity which communicated with a bronchus.

Mr. Robinson, while agreeing that as a rule chest cavities should not be washed out, pointed out that in the case under discussion the cavity was large, the pus was malodorous, and the patient was suffering from septic poisoning. The injection of a small quantity of weak Condly's fluid had no bad effect whatever.

Dr. Ord, in reply, while agreeing that a cavity containing living hydatids might be opened and left, yet when they were suppurating he saw nothing to distinguish them from any other abscess, and held that it was proper treatment to wash them out.—*Lancet*.

SOME one has discovered a microbe that lives in a vacuum, and now they are trying to find out what it lives on.

Me

TIN
morph"B
boraciA N
reader
news,
paren
guageTH
China
hair.
ings (the stAN
AND
But, a
diseas
mean
foundJEF
on sou
tian,
below
nearly
PolyceDR.
becom
young
he un
alcohol
healthDR.
years
all ca
search
stretch
lunar
cure t
stools
the chIN
the A
site th
South
phag
be inc
(India
sheep
carrieTH
YORK
of the
comm
the in
The c
A. V
ell, W
Roe.TIN
many
and p

Medical News and Miscellany.

TINCTURE OF CASTOR is the latest cure for the morphine habit.

"BIG G," for gonorrhœa, is a fluid mixture of boracic acid and hydrastis.

A NEW medical journal has been issued. Lest our readers should be unduly excited over this startling news, we hasten to add that the infant is of Hindoo parentage; its name, *The Veshukdorphon*; its language, the Bengali.

THE Smithsonian Institution has received from China a pair of stockings manufactured from human hair. They are worn by fishermen over cotton stockings (being too rough for the naked skin), and under the straw shoes, as a protection against moisture.

AN INFLUENZA NUMBER.—The issue of THE TIMES AND REGISTER is devoted to articles on influenza. But, alas! after reading it one weeps to find that the disease is still the same old, mysterious grip, and the means for its prevention, not to say cure, is yet to be found.—*Med. Record.*

JEFFERSON Medical College has secured the ground on south Broad street, between Catharine and Christian, for her new location. This is nearly a mile below Market street. The Ridgway Library is nearly opposite, and Howard, St. Agnes and the Polyclinic Hospitals in the vicinity.

DR. JAMES M. MILLER, of Bloomington, Ill., has become violently insane. He was a prominent young physician, and a few weeks before his attack, he underwent a course of the Keeley treatment for alcoholism and the opium habit. Since then his health has been greatly impaired.

DR. WM. I. HAMLIN says that children under two years often suffer from fissures of the anus, and that all cases of painful defecation should be carefully searched for fissure; which, when found, should be stretched and then touched with a sharp pencil of lunar caustic. One or two applications will generally cure the fissure. The cause of constipation and hard stools should be eliminated by changing the diet of the child.—*Ex.*

In the monograph upon sheep parasites issued by the Agricultural Bureau, Dr. Curtice describes a parasite that prevents the rearing of sheep in some of the Southeastern States. This he denominates the *œsophagostoma columbianum* Curtici; believing it to be indigenous to this country. But Surgeon Giles (*Indian Med. Gazette*) has found the same parasite in sheep in Assam; and thinks that from India it was carried to America.

THE PAN-AMERICAN MEDICAL CONGRESS IN NEW YORK STATE.—At a meeting of the Medical Society of the State of New York at Albany, February 5, a committee was appointed to co-operate in promoting the interests of the Pan-American Medical Congress. The committee consisted of Drs. A. Walter Suiter, A. Vanderveer, James D. Spencer, Seneca D. Powell, W. W. Potter, D. B. St. John Roosa and John O. Roe.

TINTED morphine may become common in Germany to distinguish it from less poisonous alkaloids and prevent dispensing errors. Dr. J. B. Bond, of

Little Rock, Ark., formerly of this State, read a paper on the subject before the Missouri State Pharmaceutical Association in 1883. At that time considerable discussion followed in the pharmaceutical journals of this country. Nearly ten years after this proposition to color morphine being made, the Germans take the subject up, and the American pharmaceutical journals now comment on the idea as having originated in Europe.—*Meyer's Druggist.*

THE reckless way in which the public are drugging themselves to prevent influenza, must make our homœopathic friends smile. The oceans of ammoniated tincture of quinine, and the tons of salicine, and other antiseptics that are being consumed during the present epidemic is alarming, except to the vendors of these drugs, and to them it must be quite a harvest. The curious thing is, the more that is taken the more the disease spreads; but it never occurs to people that the excessive drugging may be rendering them easy victims to the pestilence.

—*Popular Med. Monthly.*

THE KÖRÖSI PRIZE.—Dr. Joseph Körösi, of Buda-Pesth, has offered the sum of \$300 as a prize for the best essay on the objects of demography and its progress in the chief countries of Europe and America. The competition remains open until January 1, 1894. The award will be made at the opening meeting of the next International Congress of Hygiene and Demography, at Buda-Pesth, in 1894. The essays may be in either the English, French, German, or Italian languages.

NOTICE.—An Army Medical Board will be in session in New York City, N. Y., during April, 1892, for the examination of candidates for appointment in the Medical Corps of the United States Army, to fill existing vacancies.

Persons desiring to present themselves for examination by the Board will make application to the Secretary of War before April 1, 1892, for the necessary invitation, stating the date and place of birth, the place and State of permanent residence, the fact of American citizenship, the name of the medical college from whence they were graduated, and a record of service in hospital, if any, from the authorities thereof. The application should be accompanied by certificates based on personal knowledge, from at least two physicians of repute, as to professional standing, character, and moral habits. The candidate must be between twenty-one and twenty-eight years of age, and a graduate from a regular medical college, as evidence of which, his diploma must be submitted to the Board.

Further information regarding the examinations may be obtained by addressing the Surgeon General U. S. Army, Washington, D. C.

C. SUTHERLAND,
Surgeon General U. S. Army.

LIFE OF SPURGEON.—BY RUSSELL H. CONWELL, D.D., L.L.D.—We are pleased to learn that a biography of the world's greatest divine, Charles H. Spurgeon, of London, is being prepared by one of America's most popular lecturers and pulpit orators, Rev. Russell H. Conwell, of Philadelphia.

This must necessarily be a very rich book, and ought to find a place in every family. No man of the Nineteenth Century has so universally won the heart and esteem of mankind as the late Mr. Spurgeon, and at the same time lived so eventful and interesting a life. His career has been full of signal surprises and remarkable occurrences.

Mr. Conwell's personal familiarity with Mr. Spurgeon and his life, together with his great ability as an author and popularity as an orator and minister, is a guarantee to the public of a brilliant, entertaining and instructive book. Next to Mr. Spurgeon's Tabernacle in London, Mr. Conwell, perhaps, preaches to the largest regular congregation of any minister in the world, and in many respects his work in Philadelphia so closely resembles that of the great London divine that he is not infrequently called the Spurgeon of America.

Before entering the ministry, Mr. Conwell was a lawyer, a great traveler, a journalist, and author of several popular books.

"Conwell's Life of Spurgeon" will undoubtedly be regarded as the standard biography of the great London preacher, and is sure to have an immense sale.

This work is being issued by the well-known firm of Hubbard Bros., of Philadelphia, and will be sold by subscription.

THE quarterly meeting of the Camden County Medical Society was held at the Dispensary, February 9, with the President, Dr. D. W. Blake, in the chair. Routine business was transacted, and the following new members were elected: Drs. W. R. Powell, J. G. Haley, N. Davis, W. T. Collins, J. G. Stanton. Dr. W. H. Izard read an interesting paper upon the subject of "La Grippe," which elicited an earnest discussion.

The following were present: Drs. A. T. Dobson, Daniel Strock, E. L. B. Godfrey, W. A. Davis, H. F. Palm, W. B. Jennings, J. S. Baer, W. H. F. Osmon, D. Benjamin, A. McAllister, O. W. Braymer, H. H. Sherk, P. W. Beale, O. B. Gross, E. P. Townsend, E. Tomlinson, J. H. Wills, W. H. Izard, W. H. Ireland, A. M. Mearns, E. P. Woolston, J. R. Stevenson, W. Westcott, J. F. Leavitt, J. M. Ridge, G. T. Robinson, H. H. Davis, C. M. Shellenger, W. H. Kensinger. The following were present as guests of the Society: Professor Hobart A. Hare, Professor John V. Shoemaker, of Philadelphia; Drs. R. H. Parsons, W. P. Melcher, of Mt. Holly; Dr. Charles Braddock, Jr., of Haddonfield; Drs. J. G. Doran, J. H. Frick, J. W. Fithian, of Camden, and Dr. G. C. Devine.

At the enjoyable banquet which followed the meeting, Dr. E. P. Townsend, toastmaster, announced the following toasts: "The Coal Tar Products," responded to by Professor Hobart A. Hare; "Medical Journalism," by Professor John V. Shoemaker, editor of the *Medical Bulletin*; "The Medical Profession," by Dr. J. M. Ridge; "The Camden City Medical Society," by Dr. Daniel Strock.

WE publish the following letter, dated London, England, December 28, 1891, and addressed to the Secretary of the Medical Faculty of the St. Louis College of Pharmacy, St. Louis, Mo., U. S. A. It is, to say the least, interesting reading:

Dear Sir:—I desire much to have the Degree of Doctor of Medicine at your University, and, therefore, take the liberty of asking you if on the strength of my medical qualifications and age (fifty) I could graduate *in absentia*, and under what conditions. I, many years ago, graduated at the University of Rostock, Germany, as Doctor of Philosophy, and studied medicine at Scottish universities, and have received *full curriculum*. I have also written an original thesis and particulars of my attendance, and shall be pleased to send you my original class tickets, certificates, etc., if required.

I may mention that I require the M.D. only as a medical physicist. I should be much obliged if you would kindly let me have an early answer. I am, yours faithfully,

—Meyer's Druggist.

EXPERT TESTIMONY.—The testimony of so-called medical experts in the celebrated Harris murder case, just finished in this city, is about on a par with that usually given in such cases. A prominent lawyer told us some years ago that he could prove anything medical he wanted to by the doctors; that he only had to "sound" them a little, find out their difference of opinion and then select his witnesses. The Harris case goes far to convince us of the soundness of our lawyer friend's statement.

It is hard to determine just what constitutes expert medical testimony. One of the medical men who was called into the case here referred to, acknowledged on cross-examination that in twenty years of practice he had had charge of only one case of morphine poisoning. Yet he was called as an "expert" in this case because he had written a standard text-book on *Materia Medica* and *Therapeutics*. Think of it. Such an example serves to impress us with the importance of having in each and every State medical experts, who should be sworn officers selected on account of their experience, qualification and peculiar fitness for the great responsibility resting upon them in such cases. When the life of a citizen is at stake he should have the benefit of genuine, not so-called expert (?) testimony.

—*Doctor's Weekly*.

ORTHOPÆDIC DEPARTMENT AT THE PHILADELPHIA HOSPITAL.—At a meeting of the Bureau of Charities and Corrections, a communication was received from H. Augustus Wilson, M.D., relative to the establishment of an orthopædic department at the Philadelphia Hospital. In his letter Dr. Wilson says that his attention has been called by medical officers, nurses and medical students connected with and attendants at the clinics of the Philadelphia Hospital, to the absence of that prolonged attention to cripples which modern surgical practice has established as necessary, not alone for the correction, but as well for the prevention of deformity. The short terms of duty of the attending surgeons, he says, and the scattering through the many departments of these cases of cripples is not conducive to their best interests, and necessarily the prevention of deformity is often ignored. The trained nurses that are graduated from this almost perfect training-school are deficient in knowledge of matters pertaining to orthopædic surgery, he says, and are obliged to seek elsewhere the opportunity of learning.

The vast number of cases appropriated to such a department, Dr. Wilson continues, are not now systematically used for the instruction of medical students and physicians in the application of surgical, mechanical, gymnastic manipulatives, and therapeutic measures, devoted primarily to the prevention of deformity and correction of deformities already formed. In conclusion, he urged the appointment of one or two orthopædic surgeons to have continuous charge of such an orthopædic department.

The matter was referred to the Medical Board, who were requested to hold a meeting and consider the question of organizing such a department. Should it be determined to organize this department the Medical Board will advise the Bureau of Charities and Corrections as to the manner of organization.

R. F. Longacre was elected a district physician to succeed Dr. H. B. Martin resigned, and Joseph S. Phifer was appointed messenger at the office of the Bureau of Charities and Corrections.—*Ledger*.

Special Article.

ANTI-KAMNIA.

(OPPOSED TO PAIN.)

"OUR attention has been frequently called during the past year to the claims made by the progenitors of antikamnia, and as a result after careful investigation we submit the following as a compendium of our examination of its pathological and physiological action.

"The therapeutic properties are, antipyretic, antithermic, analgesic and anodyne. Klemmerer, of Germany, makes a distinction between antipyretics and antithermics. He says, 'Antithermics act only on the temperature; that is, they influence its reduction, while antipyretics influence the *cause* of the high temperature.'

"Fever is an acute derangement of all functions, the most important of which are acceleration of the heart's beat, and disturbance of the circulation; nervous disturbances; elevation of the bodily temperature; disturbance of nutrition, including secretion.

"These four groups of symptoms may have one or two relations. One condition may be the cause of the other, or they may all be simply the result of a common cause. The nervous disturbances of fever may be summed up as paresis or convulsions, stupor, coma or delirium.

"Juergensen has found that there is a regular diurnal variation of temperature in health, precisely similar to that which is known to occur in fever, thus the twenty-four hours are, as far as human temperature is concerned, divided into a diurnal and nocturnal period.

"Burdon Sanderson says: 'The only material difference between the conditions is that in fever the normal is 3°.267F. higher.'

"In health, there is in man a fixed mean and a normal temperature, having a regular rhythm, and this variation is beyond the control of all disturbing causes, which do not force the organism beyond the condition of health. The maintenance of the normal temperature and its rhythm is dependent upon the nervous system, which within certain limits controls both the production and dissipation of animal heat.

"So far as our present knowledge goes, the chief factor in controlling heat dissipation, is the vaso-motor nerves, including in man such nerves as control sweat secretions; these nerves being able by contracting the capillaries of the surface of the body and by drying the secretions of the skin to reduce the loss of heat to a minimum, and by a reverse action to increase it to a maximum. The only nerve center proven to exist capable of influencing the heat production without affecting the general circulation, is situated in the pons varolii or above it, and whilst it may be a muscular vaso-motor center, it is more probably an 'inhibitory heat center.' Of which ever nature it may be, it must act through subordinate centers situated in the spinal cord.

"In fever, vaso-motor paralysis, when produced, is followed by an immediate fall of temperature. Fever is, therefore, a state in which the depressing poison or a depressing peripheral irritation, acts upon the nervous system which regulates the production and dissipation of animal heat. Owing to its depressed state, the inhibition center does not exert its normal influence upon the system, and consequently tissue change goes on at a rate which results in the production of more heat than normal, and an abnormal destruction and elimination of the materials of the tissue. At the same time the vaso-motor and other heat dissipating centers are so benumbed that they are not called into action by their normal stimulus—elevation of the general bodily temperature, and do not provide for throwing off the animal heat until it becomes so excessive as to call into action, by its excessive stimulation, even their depressed forces. The nerve centers, in some cases, seem to be completely inhibited. Antikamnia removes the pressure, by dilating the capillaries and the other vascular vessels, thus causing local congestion to disappear. It reduces the pulse rate, thereby slowing the heart. It controls the vaso-motor nerves, besides calming the whole nervous system, and thus has a general soothing effect. It is a valuable remedy as an antithermic; its action in this regard is well marked, sometimes reducing the temperature 2° to 3° F. in a few hours. It seems to have a better effect on the high evening temperature than upon the high diurnal temperature. An extreme degree of fever, with or without complications, is dangerous, and must be controlled; in addition to the direct subtraction of heat by cold applications, we must, with caution, have recourse to antipyretic remedies. A distinction must be drawn between fever and its pathogenic agent. Such an antipyretic as antikamnia may not act on this agent, but may have an independent action, therefore, have only a transitory effect, or it may influence this agent in the same manner that quinine does the germ of malaria or influenza.

"An additional advantage gained in typhoid fevers and all gastro-enteric fevers by the administration of antikamnia in moderate doses, is that the alimentary canal is rendered alkaline, and kept in an antiseptic condition, and this is a most important condition to maintain in the treatment of all fevers.

"The best results are obtained with antikamnia when exhibited in small doses, repeated at proper intervals, and the most desirable vehicle is sherry wine or diluted brandy.

"The duration of the effect of antikamnia is longer than that produced by any of the other coal-tar derivatives. It also seems indisposed to produce subnormal temperature, as some of the others do.

"In the pyrexia produced by exposure to the rays of the sun, which is common in India and in our large cities during the summer solstice, antikamnia, in addition to cold douches, is the best remedy. Antikamnia reduces temperature by increasing radiation of heat from the body, and diminishing heat production. It stimulates the glandular system, particularly the sudorific glands. In many cases its action as a diaphoretic is phenomenal.

"In some cases it has marked action on the mammary glands, producing an increase in the flow of milk. Antikamnia can be given to children without any ill effects, and is a reliable remedy. In pertussis it keeps the paroxysms in check, and makes the patient more comfortable than any remedy we have. The cyanosis induced by its administration is nil, unless there is a peculiar idiosyncrasy, which is found sometimes, producing manifest heart disturbance. These are to be overcome by stimuli, or intravenous injections of salt. Antikamnia acts admirably in the after pains of labor, in dysmenorrhœa, hemicrania, migraine, ordinary sick or nervous headache, in the pains of locomotor ataxia, the various neuralgias, epilepsy, and in the aching pains produced by la grippe and dengue. It exerts a decided beneficial influence in bronchial or pneumonic troubles, as well as the fever of phthisis.

"It acts as an analgesic by obtunding the sensibilities of the vaso-motor and sensory nerves. It seems to tranquilize the ganglionic centers of the whole nervous system, and has but slight action on the brain. We mean by this, that it does not stupefy or produce unconsciousness. It seems to have no disturbing influence on the kidneys. It has a happy effect in nearly all neurotic troubles, and is destined to occupy a permanent position in therapeutics.

"Antikamnia is of the Amido-Benzole series, in combination, and is much to be preferred to any other of this class of derivatives."

W. Thornton Parker found antikamnia useful in headache, neuralgia, acute rheumatism, la grippe, asthma, hysteria, sciatica, and disorders of menstruation accompanied by pain. When quinine in large doses gives rise to disturbance of the nervous system, he recommends the use of antikamnia as an adjuvant. He considers it one of the best remedies for the relief of pain in dysmenorrhœa. He did not find any unfavorable after-effects, and adds that antikamnia is soothing, tranquilizing, and diminishes the tendency to a rise of temperature.

Alvord, of the St. Louis City Hospital, found antikamnia especially valuable in the treatment of phthisis.

Lutz, of St. Louis, made use of the following, for a woman whose confinement followed closely an attack of erysipelas:

R.—Antikamniæ..... 3i.
Sp. frumenti..... 3iv.

M.—S. f 5ss every two to three hours.

By this he found the temperature was lowered, the intense pain relieved, and rapid absorption of the infiltrated tissues was induced.

The following cases will indicate some of the more common uses of antikamnia:

A gentleman, aged fifty years, subject to chronic bronchial catarrh of many years standing, had a mild attack of influenza, which was accompanied by pain in the right shoulder, and along the insertions of the diaphragm. The patient was, therapeutically, a "tough subject," who did not respond to any but decided doses, and could not bear opiates in any form.

The pains were apparently due, in part, to the severity of the cough; but after this was allayed, the pains remained, and some of the muscles in the neck on the right side became tender. There was evidently here a myalgia resulting from influenza. For this he took antikamnia, in doses of 5 grains every two to four hours. This was his last visit to my consulting room; and a few days later his son informed me that six doses had permanently removed the pain.

In other so-called rheumatic cases antikamnia did not prove so directly curative; but when combined with sodium salicylate the result was better than from either drug alone. In one case of influenzal lumbago, this affection, always obstinate, as every doctor knows, finally gave way to the following combination:

R.—Antikamniæ..... 3j.
Sodii salicylatis..... 3iij.
Pulv. zingiberis..... gr. v.

M. et in chart No. xii, divide.

S. One every two to four hours.

R.—Sodii nitratis..... gr. xl.
Sodii phosphatis..... 5ij.

M.—S. To be dissolved in a quart of cold water, and used as a beverage during the day.

This was in the case of a stout and plethoric woman, a heavy meat consumer; one of the kind our grandfathers would have treated by venesection, calomel and niter, to her very great advantage.

A young lady had managed to crawl through a prolonged attack of typhoid fever, and a deposit of tubercle had formed and liquefied in her right lung. Hectic, night-sweats, and the rest of the train had been manifested, but she was slowly improving. The digestive organs had with great difficulty been kept in fairly good condition; but the least indiscretion in diet, or mistake in medication, gave rise to trouble at once. Opium could not be endured in any form. She had always suffered somewhat from dysmenorrhœa, and in her weakened condition this set in with unusual severity. The case afforded an opportunity to show the value of antikamnia; for a few 5 grain doses gave perfect relief, without any interference with digestion or weakening of the heart.

The last case I will mention was one of peculiar difficulty. A man forty-four years of age, an active business man, had been for a long time working beyond his strength. The result of this abuse was insomnia; for which he had for nearly a year been taking hypnotics, notably morphine. An attempt to break the bonds that were fastening around him was, unfortunately, followed by exposure to bitter cold. He came home; could not get warm, and was seized with agonizing pain in the region of the heart, with symptoms of collapse, inability to draw a full inspiration, or to speak. Nevertheless, the physical signs did not indicate pleurisy, pneumonia, or cardiac inflammation. Hot applications, a dose of morphine in hot water, and free stimulation brought about reaction. Still the patient complained of the severe cardiac pain; though all objective symptoms had been ameliorated. It was felt by his adviser that now or

never was the time to break the opium habit, and that he had better not have relief than owe it to opium. He was given antikamnia in 5-grain doses, repeated every two hours until the pain became bearable. The patient would not at first acknowledge that he had been greatly benefited by the drug, because he wanted morphine; but the relief was so evident to all his family that he was compelled to give the credit due. With the aid of hydrastis and coca, as nerve tonics, he made a good recovery; and after a few weeks at the sea-side, returned to his office in better condition than he had enjoyed for a long time.

That antikamnia will prove efficient in all cases of insomnia is not to be expected; but when sleep is prevented by pain, by fever (as in hectic), or by nervous restlessness, this drug is of great value; and, if given by the advice of the physician, who knows his patient and his drug, it is perfectly free from injurious effects, immediate or remote. There is nothing in its action to induce the formation of an antikamnia habit, unless it be to relieve a "pain habit," due to incurable disease.

The effects of antikamnia in phthisis deserve an extended study. In relieving pain, lessening fever, rendering the stomach aseptic, it accomplishes what no other single remedy can do, and few combinations can do so well and so harmlessly. But this is a matter for future investigation. It is to be hoped, that as there is always an abundance of such cases at every physician's disposal, a full trial will be made of the remedy.

For hemicrania, Fawcett recommended the following:

R.—Antikamniæ..... 3j.
Caffeinæ..... gr. vj.
Misce, et in capsul. No. x, divide.
S. One every two hours till relieved.

Dr. V. W. Gayle, of Kansas City, made the following statements in the *Medical World*:

Quinine is the best germ destroyer we have for the microbe of influenza. During the recent epidemic I aborted quite a number of cases with antikamnia in combination with salol and quinine. The relief obtained by the administration of antikamnia where the cephalalgia was severe, as in the majority of my cases was wonderful. When the pain seemed intolerable, I have seen a 10-grain dose of antikamnia banish it. The combination spoken of was as follows:

R.—Antikamniæ..... 3j.
Salolis..... 3ss.
Quininæ sulph..... 3j.
M.—Ft. capsulas No. xxx.
Sig. One every two hours.

Mustard pediluvia are of great advantage, and a plaster of mustard and lard, one part of the former to two of the latter, applied directly to the chest, answered admirably as a mild counter-irritant.

Expectorants are often needed, and antikamnia should be administered with them, thus:

R.—Antikamniæ..... 3j.
Syr. senegæ..... f 3i.
Vini ipecac..... f 3iij.
Syr. toltan..... q. s. ad f 3iv.
M.—Sig. Teaspoonful every two hours.

Dr. S. G. Panter, of Dorchester, Nebraska, says:

Having had quite a number of cases of typhoid fever to treat during the past season, I have found opportunity in abundance for making a thorough test of the various antipyretics. The result has been that I have found antikamnia superior to them all. I have not noted the least sign of depression following its use in any instance, but rather a sense of well-being and comfort. I have not found it necessary to use it in larger doses than 5 grains, repeated every four hours, to thoroughly control the temperature during the tendency to hyperpyrexia. After this stage has passed, I have usually found the following formula to meet the indications:

R.—Antikamniæ..... gr. xx.
Pulv. ipecac comp.,
Quin. sulph..... āā gr. xij.
M.—Ft. capsul. No. xii.
Sig. Capsule every four hours.

The following are approved formulæ:

To Abort Pneumonia.

R.—Ext. jaborandi..... f 3iij.
Antikamniæ..... gr. xl.
Sp. vini gallici..... 3vj.
Syr. aromat..... f 3j.
Aquæ dest..... q. s. ad f 3iv.
M.—Sig. Tablespoonful every hour until thorough effect, then half doses every two hours.

Intermittent Fever, with Hepatic Torpor.

R.—Antikamniæ,
Quininæ sulph..... āā 3j.
Resin. podophylli..... gr. ij.
M.—Ft. caps. No. xx.
Sig. One every four hours.

—Dixie Doctor.

In Typhoid, a Good Formula is as Follows:

R.—Antikamniæ..... 3ij.
Ess. pepsini,
Sp. vini gallici..... āā f 3iv.
M.—Sig. Tablespoonful every three or four hours.

Acute Rheumatism.

R.—Salicylic acid..... 3iij.
Sodium bicarbonate..... 3ij.
Elixir of gaultheria..... 3j.
Sp. vini gallici..... 3j.
Antikamniæ..... 3ij.
Water sufficient to make..... 3iv.
M.—Sig. Dose, 1 f 3 every hour or two.

Delirium Tremens.

R.—Tinct. capsici..... ʒiv.
 Antikamniæ..... ʒj.
 Liquor cocæ..... q. s. ad ʒiv.

M.—Sig. Teaspoonful in water, as required for wakefulness and excitement.

Dysmenorrhœa (to Relieve Pain).

R.—Antikamniæ..... ʒij.

M.—Ft. chart No. xii.

Sig. One in brandy and water every two hours until easy.

Cough Syrup.

R.—Syr. scillæ comp..... ʒss.
 Vin. picis..... ʒj.
 Antikamniæ..... ʒj.
 Syr. pruni virginianæ..... ʒiiss.

M.—Sig. Shake and take a teaspoonful every three or four hours.

A Remedy for Headache.

R.—Antikamniæ..... gr. v.
 Caffeinæ..... gr. j.
 Salicylate of sodium..... gr. ij.

Mx.—Ft. cht. No. i.

Sig. At one dose.

R.—Antikamnia,
 Salol..... ʒj.

M.—Ft. capsulas No. xxiv.

Sig. One capsule every three hours.

R.—Antikamnia..... ʒiv.
 Liq. pepsinæ,
 Sp. vini gallici..... ʒij.

M.—Sig. Dessertspoonful every four hours.

R.—Antikamnia..... ʒij.

Ft. chart No. xii.

Sig. One powder, dissolved in tablespoonful of hot water, ever four hours.

R.—Antikamnia..... ʒij.
 Sp. vini gallici,
 Syr. tolu..... ʒiv.

M.—Sig. Tablespoonful every three or four hours.

R.—Antikamnia tablets..... ʒj. gr. v.

No. xxiv.

Sig. One tablet every three hours until free from pain.

R.—Antikamniæ..... ʒiv.
 Elixir simplicis..... ʒvj.
 Syr. tolu..... q. s. ʒviij.

M.—Sig. Tablespoonful every three or four hours.

—E. S. PACE, M.D.

THE seventeenth annual meeting of the American Academy of Medicine will be held at Detroit, Michigan, on Saturday, June 4, and Monday, June 6, 1892. These dates being selected to permit attendance at the American Medical Association, June 7-10.

The Committee of Arrangements announce the Cadillac Hotel as the place of meeting and headquarters of the Academy, where also the reunion dinner will be given.

THE Underwood Company has invited the American Medical Association to visit their spring at Falmouth Foreside, next September, provided the Association holds a meeting then at Cushing's Island. Should the visit be made the members will have an opportunity for once in their lives of tasting a pure, natural water. The Underwood water is phenomenal in its freedom from mineral and organic ingredients; the total solids amounting to only 2 1-10 grains per gallon.

A NEW MEDICAL BILL.—A bill has been introduced into the Legislature of New Jersey to regulate the practice of midwifery. The bill requires that all midwives now practising shall appear before the State Board of Medical Examiners for a certificate, which shall be registered in the office of the County Clerk, and that those who intend to practice must pass a satisfactory examination before the Board. They are obliged to make the proper return of births, and failure in this particular and for unprofessional or immoral conduct, the Board reserves the power to revoke the license.

WEEKLY Report of Interments in Philadelphia, from February 6 to February 13, 1892 :

CAUSES OF DEATH.	Adults.	Minors.	CAUSES OF DEATH.	Adults.	Minors.
Abscess.....	2		Inflammation, brain.....	2	15
Abortion.....	1		" bronchi.....	10	15
Alcoholism.....	2		" kidneys.....	4	2
Apoplexy.....	14	1	" larynx.....	2	2
Asthma.....	2		" liver.....	2	2
Bright's disease.....	13		" lungs.....	40	42
Burns and scalds.....	1	3	" pericardium.....	6	1
Cancer.....	8		" peritoneum.....	6	1
Casualties.....	9	3	" pleura.....	3	1
Cerebro-spinal meningitis.....	1	2	" s. & bowels.....	2	6
Congestion of the brain.....	2	4	" spine.....	1	1
" lungs.....	1	4	Insanity.....	1	1
Cirrhosis of the liver.....	1		Intussusception.....	1	1
Consumption of the lungs.....	46	5	Locomotor ataxia.....	1	1
Convulsions.....	22		Malformation.....	1	12
Croup.....	1	8	Marasmus.....	1	12
Cyanosis.....	6		Neuralgia of the heart.....	1	1
Debility.....	5	3	Obstruction of the bowels.....	3	3
Diarrhœa.....	2	1	Old age.....	19	7
Diphtheria.....	5	26	Paralysis.....	8	8
Disease of the heart.....	23	3	Septicæmia.....	2	2
" hip joint.....	1	1	Softening of the brain.....	3	3
Dropsy.....	1		Suffocation, illuminating		
Effusion of the brain.....	1	1	gas.....	1	1
Erysipelas.....	2		Syphilis.....	1	1
Enlargement of the heart.....	3	1	Teething.....	1	1
Fatty degeneration of the			Tumor.....	1	1
heart.....	3		Ulceration of the bowels.....	1	1
Fever, scarlet.....	2	6	Uremia.....	3	2
" typhoid.....	9	9	Vomiting.....	1	1
Hemorrhage.....	1		Whooping cough.....	1	2
Hernia.....	1				
Inanition.....	1	13	Total.....	292	233
Influenza.....	15	3			

THE KELSEY ORIENTAL BATH CO., LIMITED.

H. W. KELSEY, Manager,

Turkish and Russian Baths,

1104 Walnut Street, Philadelphia.

OPEN FOR GENTLEMEN ALL HOURS.

FOR LADIES, 9 A. M. TO 6 P. M., WEEK DAYS ONLY.

Single Baths, \$1.00; 7 Tickets, \$5.00; 15 Tickets, \$10.00.



OF

Carnrick's Kumyss Tablets

A PRODUCT OF PURE, SWEET MILK, PALATABLE,
NUTRITIOUS, EASILY DIGESTED,
AND WHEN DISSOLVED IN WATER FORMS A
DELICIOUS EFFERVESCENT KUMYSS.

(Put up in air-tight bottles, in two sizes; the larger holding sufficient Tablets for seven twelve-ounce bottles, and the smaller sufficient for three twelve-ounce bottles of Kumyss.)

THIS PREPARATION is presented to the Medical Profession in the convenient form of Tablets, and will be found superior in every respect to ordinary *Kumyss*, *Wine of Milk*, *Fermented Milk*, or any similar preparation.

Kumysgen when prepared for use contains every constituent of a perfect Kumyss.

Kumysgen is made from fresh, sweet milk, and contains fully thirty per cent. of soluble casein, which is double the amount found in ordinary Kumyss preparations.

Kumysgen being in Tablet form, will keep indefinitely, is easily and readily prepared, less expensive than the ordinary variable and perishable Kumyss, and its *fermentative action* may be regulated at will, thus rendering it available at all times and under all circumstances.

Clinical tests gathered from every quarter of the globe attest its special value in all cases of *Gastric and Intestinal Indigestion* or *Dyspepsia*, *Pulmonary Consumption*, *Constipation*, *Gastric and Intestinal Catarrh*, *Fevers*, *Anæmia*, *Chlorosis*, *Rickets*, *Scrofula*, *Vomiting in Pregnancy*, *Bright's Disease*, *Intestinal Ailments of Infants*, *Cholera Infantum*; for young children and for convalescents from all diseases.

The casein being finely subdivided, it is especially valuable for all who require an easily digested or a partially digested Food.

Kumysgen is a delicious effervescent Food-Beverage, relished alike by the sick or well.

Kumysgen is tonic, stimulant, diuretic, highly nutritious, easily digested, perfectly palatable, and always *permanent* and *uniform* in strength.

SAMPLE SENT ON REQUEST.

MANUFACTURED BY

REED & CARNRICK, New York.

WM. PROCTER, JR., CO.,

PHILADELPHIA.

Effervescent Aperient Phosphates

NEEDS ONLY A TRIAL.

Aperient - Laxative - and - Hepatic - Stimulant.

VINUM DIGESTIVUM (PROCTER).

A SATURATED ACIDIFIED SOLUTION OF
PURE PEPSIN.

More than ten years since this preparation was introduced to the profession, and we are pleased to be able to state that it is still the favorite with the large number of physicians who have tested and found its unfailing digestive power. — Apepsia and Indigestion in its various phases, and especially as they occur in infancy, indicate its administration.

MANUFACTURED SOLELY BY

WM. PROCTER, JR., CO.,
All Druggists. PHILADELPHIA.

DR. BRUSH'S KUMYSS

"KUMYSS is, among the Nomads, the drink of all children, from the suckling upwards; the refreshment of the old and sick, the nourishment and greatest luxury of every one."—DR. N. F. DAHL's report to the Russian Government, 1840.

I WOULD also allude to cases of diarrhoea and vomiting, and of indigestion dependent on nervous disturbances during the later months of pregnancy. I had two cases during the past summer, both were rapidly declining in strength; they failed to be benefited by remedies suggested by other physicians, as well as myself, until they were placed on KUMYSS, when the improvement was rapid and permanent. Very truly yours,
ARCH M. CAMPBELL, M.D.

Farms and Laboratory,

MT. VERNON, N. Y.



"SANITAS" IS PREPARED BY OXIDISING TERPENE IN THE PRESENCE OF WATER WITH ATMOSPHERIC AIR.

"SANITAS" DISINFECTING FLUID.

An aqueous extract of Air Oxidised Terpene. Its active principles include Soluble Camphor ($C_{10}H_{16}O_2$) Peroxide of Hydrogen and Thymol.

Invaluable to the Physician for Internal or External Application.

"SANITAS" DISINFECTING OIL.

Air Oxidised Terpene. Its active principle is Camphoric Peroxide ($C_{10}H_{16}O_3$) a substance which produces Peroxide of Hydrogen when placed in contact with water or moist surfaces (wounds, mucous membranes and other tissues).

For Fumigations and Inhalations in the Treatment of Throat and Lung Affections the Oil only requires to be evaporated from boiling water.

"Sanitas" is Fragrant, Non-poisonous and does not Stain or Corrode. It is put up in the form of

FLUIDS, OIL, POWDERS AND SOAPS.

For Reports by Medical and Chemical Experts, Samples, Prices, etc., apply to the Factory,

636, 638, 640 & 642 West 55th Street
NEW YORK.



ALL DOCTORS KNOW

The Place to Purchase the Most Complete and Reliable Line of

Electro-Medical Instruments,

At Reasonable Prices, is at

WAITE & BARTLETT MANUFACTURING COMPANY,

143 East 23d St., New York City.

Our I-Illiampre-meters all scientifically and mechanically perfect.

On receipt of 10 cents we will forward Fundamentals of Principles of Gynecological Electro-Therapy, by George Engelmann, M.D.

All Goods Warrented as Represent

Send postal for Illustrated Catalogue, and note name of the eminent physicians using our Instruments.

Medals Received at London,

* ARTIFICIAL LIMBS *

UNEQUALED FOR

Durability and Natural Action,

RECOMMENDED BY

Surgeons and our many patrons, some of whom have worn them since 1850.

Legs Furnished to Soldiers and Sailors on Government Order.

B. GILDERSLEEVE,

[Successor to] 629 SIXTH AVENUE,
HENRY W. SHAW. New York City

Paris and Philadelphia.